

DATA SUBJECT'S ACCESS REQUEST FORM

You have the right to request access to the personal information we may hold about you. A data subject is a person who is the subject of personal information. If you wish to make such a request, please complete this form and return it to us by post or e-mail.

If sending by mail, please use the following address:

Clinique de Podiatrie Montarville
Attn : RPRP (Privacy Officer)
1455 Roberval
Saint-Bruno-de-Montarville (Qc)
J3V 3P8

If sending by e-mail, please use the following address : rprp@cliniquedepodiatrimontarville.com .
Please write "Request for access by the person concerned" in the e-mail's subject field

1. Full name of person concerned

2. Customer/account number

3. Current address of the person concerned

4. Telephone number of person concerned

Home telephone number:

Mobile telephone number :

5. Details of requested data:

6. To help us locate the information you need, please let us know what personal information you require in as much detail as possible (for example, copies of emails between <date> and <date>). If we do not receive sufficient information to locate the data you require, we may not be able to respond to your request.

7. Will the information be sent to the data subject or his/her representative?

To the person concerned To the representative

If the personal information is being sent to the representative, sections 9 and 10 must be completed.

8. I confirm that I am the person concerned.

Signature: _____

Name: _____

Date: _____

I enclose a copy of my identity document and proof of address (including an identity document issued by the government of my country of citizenship) in accordance with section 30 of the Act respecting the protection of personal information in the private sector, CQLR c P-39.1.

9. (To be completed if the answer to question 7 is "To the representative") The person concerned (whose personal information is requested) must give written authorization for the information to be communicated to his or her authorized representative.

I hereby authorize _____ (fill in name of authorized representative) to request access to my personal information.

Signature of person concerned: _____

Name: _____

Date: _____

10. (To be completed by the data subject's representative) I confirm that I am the data subject's authorized representative.

Name of authorized representative and address to which personal information should be sent :

Signature : _____

Name : _____

Date: _____

We will make every effort to process your data subject access request as quickly as possible within 30 days of receipt of your request. However, if you have any questions during the processing of your request, please do not hesitate to contact us at this e-mail address: rprp@cliniquedepodiatriemontarville.com .