



REQUEST FOR IMPLEMENTATION OF RIGHTS

Each of the rights listed below may be exercised by submitting this request by email to privacy@healthcourse.com. Please complete in block letters and tick "X" where necessary. Fields marked with * are required.

Name*: _____

Date of Birth*: ____ / ____ / ____
DAY MONTH YEAR

Telephone: _____

Address For Correspondence*: _____

E-mail*: _____

With Regard To*:

- Right of Access
- Right to Erasure ('right to be forgotten')
- Right to Restriction of Processing
- Right to Rectification
- Right to Object
- Right to Data Portability

Description of Request*:

In order for us to help you further, please describe the reason for your request.

Date*: _____ Signature*: _____