

## DATA SUBJECT RIGHTS EXERCISE FORM

### [General Data Protection Regulation (GDPR) 2016/679 – Articles 15-22]

By completing this form, you, as a data subject whose personal data is held by the National eHealth Authority, may request to exercise your rights in accordance with Articles 15–21 of the General Data Protection Regulation (GDPR).

I. In order to process your request, the following information must be provided:

<b>Full Name*</b>	
<b>ID Card/ ARC Number/Passport Number *</b>	
<b>Contact Address (Street, Number, Area, City, Postal Code)</b>	
<b>Contact Phone Number*</b>	
<b>E-mail Address*</b>	

\*"Required field"

II. Right(s) I wish to exercise through this form (Multiple choices allowed by marking "v")

- Right of access
- Right to rectification
- Right to erasure ("right to be forgotten")
- Right to restriction of processing
- Right to object

III. Please describe the basis on which you are requesting to exercise the above right(s):

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*If the space above is not sufficient, you may attach your reasoning in a separate document and submit it along with this form.*

To verify your identity, please attach a copy of your identity card, passport, or proof of permanent residence. It is understood that upon completion of the request, any identification documents and/or proof of legal representation will be immediately destroyed.

Please send your request to the National eHealth Authority via email at [dpo@neha.org.cy](mailto:dpo@neha.org.cy).

Upon receipt of this form, the National eHealth Authority will evaluate your request and, if it indeed concerns the exercise of a right under the GDPR, will ensure a written response within 30 calendar days from the date of receipt. If there are reasons requiring a response beyond 30 days, you will be informed accordingly in a timely manner.

I acknowledge that I have read the National eHealth Authority's Data Protection Policy, as posted on the website: <https://www.neha.org.cy>.

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(Full Name & Signature)