DATA SUBJECT RIGHTS REQUEST FORM

Republic Act No. 10173 (Data Privacy Act of 2012) Compliance Intake Form

Document Control: Version 1.0 | Effective Date: August 26, 2026

Submit completed form to the Privacy Office / Data Protection Officer at: **dataprivacy@dmdent.com**

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1. REQUESTER / APPLICANT DETAILS

Full Name: _____

Contact Number: _____ Email: _____

Category of Requester:

[ ] Patient / Service User
[ ] Clinic Staff / Employee
[ ] Authorized Legal Representative (Attach Proof of Authorization)

2. STATUTORY PRIVACY RIGHT TO EXERCISE (Check all applicable)

[ ] **Right to Access:** Request a copy or extract of personal health records.
[ ] **Right to Rectification:** Correct inaccurate or out-of-date personal information.
[ ] **Right to Erasure / Blocking:** Request deletion or suspension of non-mandatory data processing.
[ ] **Right to Data Portability:** Obtain a machine-readable copy for provider transfer.
[ ] **Right to Object:** Withdraw consent for specific optional processing activities.

3. SCOPE & DESCRIPTION OF REQUEST

Please specify the clinic(s), record dates, or processing activities concerned:

_____

_____

4. DECLARATION & VERIFICATION NOTICE

I confirm that the details provided above are true and accurate. I acknowledge that identity verification (valid government-issued ID) is required prior to processing to safeguard against unauthorized data disclosure under RA 10173.

Signature over
Printed Name: _____ Date: _____

FOR DPO / PRIVACY OFFICE USE ONLY

Date Received: _____

ID Verified: [ ] Yes [ ] No

Target Resolution Date: _____

(Maximum 30 days from date received)

Action:

[ ] Approved

[ ] Denied (Provide Basis)

[ ] Additional Information Required

DPO Signature: _____ Date: _____