

CONSENT TO TRANSFER OF PERSONAL DATA

employer/third party (name of the company, person)
NAME OF THE PERSON GIVING CONSENT
PERSONAL ID CODE
TELEPHONE
Signature
Date
My confirmations:

- 1) I am aware and agree that upon making this request, SYNLAB Eesti OÜ will transfer my personal data (including health data) to a third party. The request is based on my own free will and I am not obligated to sign this request.
- 2) I am aware and agree that SYNLAB Eesti OÜ cannot guarantee the safety of my personal data or guarantee that it is lawfully processed by a third person.
- 3) I am aware that upon making this request, all data subject rights apply to me on the basis of established law and the General Data Protection Regulation, such as the right to request access to data collected about me, any changes, improvements or deletions thereof, to the extent permitted by applicable law. I am aware and agree that after completion on this request by SYNLAB Eesti OÜ and transfer of my personal data to a third party, in order to exercise my rights concerning processing of data about me by a third party, I shall approach the third party directly, and SYNLAB Eesti OÜ is not responsible for the processing of data about me by a third party.
- 4) I am aware that I have the right to withdraw this request at any time, however, I understand that the withdrawal does not have retroactive effect. Therefore, I am aware and understand that in the event that at the moment of my withdrawal of consent SYNLAB Eesti OÜ has already completed my request to transfer my personal data to a third party, SYNLAB Eesti OÜ cannot reverse the transfer of my personal data. To withdraw my request, I can contact SYNLAB Eesti OÜ, using the following contact details: andmekaitse @synlab.ee
- 5) I am aware that I have the right of access to the Data Protection Inspectorate (Tatari 39, Tallinn 10134, info @aki.ee, www.aki.ee) or a court, if my rights have been violated during the processing of my personal data.