

All. 3 Opposition to the identification data treatment in sanitary field

DECLARATION OF OPPOSITION

I the undersigned

Born in

Resident in

Taken note of the Disclosure given by the Processing Holder/by the Processing Data Responsible, according with art. 7 and 13 of the Code in field of Protection of Personal Data (D.Lgs 30/6/2003, n. 196);

Aware that the refuse to give identification data to A.S.L. V.C.O. (as told in the above –mention informative note) will means for the Company the impossibility to provide the requested assistance;

According with the art. 7, comma 4, of the D.Lgs 30/6/2003 n. 196 (Code in field of personal data protection)

I OPPOSE TO MY IDENTIFICATION DATA TREATMENT

For the following reason:

Date .././....

Legible signature patient

Stamp and signature of the operator that get the form
