
⁽⁴⁾ I hereby responsibly declare that I have parental authority over my son/daughter and that there are no circumstances that restrict or limit in any way the power of representation that I am granted by this parental authority.

Date and signature

1 In accordance with the provisions of the Personal Data Protection Act 15/1999, of 13th December, you are hereby informed that your personal data will be included in an administrative file owned by the Fundació de Gestió Sanitària de l'Hospital Santa Creu i Sant Pau (FGSHSCSP), for the purpose of processing your request. This information will be received by all of the Hospital's services involved in processing your request. If you would like to receive more information or exercise your rights of Access, Rectification, Opposition or Cancellation (ARCO) stipulated in the data protection legislation, please contact the User Service Department located in the main lobby in the entrance on Carrer de Sant Quintí 89.

2 You must attach a photocopy of the National Identity Card, Passport or other valid document that identifies the interested party.

3 This section must be completed when the interested party is a minor, incapacitated or has expressly appointed a voluntary representative to exercise this right. You must attach a photocopy of the National Identity Card, Passport or other valid document that identifies the interested party's representative and the document accrediting their power of representation.

4 Please only complete this section in the case of requests from minors under parental authority.