



Junta de Andalucía

Consejería de Salud y Familias

SERVICIO ANDALUZ DE SALUD

DELIVERY DATE
OF THE DOCUMENT
AND
CENTER SEAL

____/____/____

**APPLICATION FOR REGISTRATION IN THE DATABASE OF USERS OF SSPA
PRIVATE USERS (FOREIGNERS AND NON-MUTUALISTS)**

APPLICANT DETAILS

Surnames: _____		Name: _____	
Man: _____	Woman: _____	Date of birth: _____	
Identification document: DNI _____	Passport _____	NIE _____	Number: _____
Country of birth: _____		Nationality: _____	

ADDRESS

Usual address in Andalusia: _____			
Province: _____			
Postal Code: _____	Municipality: _____	Location: _____	
Telephone 1: _____	Phone 2: _____		
Email: _____			

DATA OF THE LEGAL REPRESENTATIVE PERSON

Name and surname: _____	
DNI / Passport / NIE number: _____	
Type of legal representation exercised: Legal guardian: _____	Other: _____

I PROVIDE MY CONSENT for the processing of data in the terms defined in the data protection clause included in this form.

Date: _____ from _____ from _____

Signature of the applicant or legal representative: _____

REGISTRATION OF APPLICATIONS AND DOCUMENTATION:

This application must be presented, together with the identification document (DNI / NIE / PASSPORT), in Health Centers, Districts or Health Management Areas.
In any case, applications can be submitted in any official registry or through the use of the General Electronic Presentation of the Junta de Andalucía in accordance with Art. 16 of Law 39/2015, of October 1, on the Common Administrative Procedure of the Administrations Public.

DATA PROTECTION CLAUSE

In compliance with the provisions of the General Data Protection Regulation (EU) 2016/679 and Organic Law 3/2018, of December 5, Protection of Personal Data and Guarantee of Digital Rights, we inform you that:

- a) The Responsible for the processing of your data is the Andalusian Service.
- b) The personal data you provide us is necessary to facilitate the exercise of the rights of rectification and / or deletion in relation to the data of the unique health history of Andalusia, whose legal basis is the fulfillment of a legal obligation.
- c) No data will be transferred to third parties, except legal obligation.
- d) You can exercise your rights of access, rectification, deletion, as well as other rights, as explained in the additional information. You can consult detailed information at:
<https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/protecciondedatos>

Tel. 95/5018000.