

## Form for Exercising Rights

### Personal Data Protection — Patient — Morocco

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In accordance with Law No. 09-08 on the protection of natural persons with regard to the processing of personal data, you have rights regarding your data. Please fill out this form to exercise one of your rights. CALL DOC is committed to processing your request within thirty (30) calendar days, in accordance with Articles 7, 8, and 9 of Law No. 09-08.

#### Section 1 — Applicant's Identity

Name:

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First Name:

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Date of Birth:

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National ID Number:

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Email address:

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Phone number:

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Mailing address:

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#### Section 2 — The right you wish to exercise

Check the applicable right(s):

**Right of access (Article 7 — Law No. 09-08)**

I wish to obtain confirmation that CALL DOC holds personal data concerning me and to receive a copy of such data, along with information regarding its source, purposes, and recipients.

**Right to rectification (Article 8 — Law No. 09-08)**

I wish to correct inaccurate or incomplete personal data concerning me. Please specify the data to be corrected and the correct information below.

**Right to erasure (Article 8 — Law No. 09-08)**

I wish to have my personal data erased, subject to legal obligations regarding data retention (in particular medical records, which are retained for 10 years in accordance with Law No. 131-13).

**Right to object (Article 9 — Law No. 09-08)**

I object to the processing of my personal data for the following purposes:

- Communications and appointment reminders
- Service improvement (statistical analysis)
- Other (please specify below)

**Withdrawal of consent**

I am withdrawing my consent to the processing of my data for the following purposes. Please specify below.

**Other request**

Please describe your request below.

**Section 3 — Description of Your Request**

Describe your request in as much detail as possible (data concerned, time period, context):

*Please describe your request here...*

**Section 4 — Attached Documents (if any)**

To process your request, CALL DOC may need to verify your identity. Please attach:

- A copy of your ID card (both sides)
- Any supporting documents relevant to your request

*Your identification documents are used solely for the purpose of verifying your request and will be deleted after it has been processed.*

**Section 5 — Declaration and Signature**

I, the undersigned, certify that the information provided in this form is true and complete. I understand that CALL DOC is obligated to respond to my request within thirty (30) calendar days from the date of receipt of this fully completed form.

If my request is incomplete or requires clarification, CALL DOC will contact me at the email address listed above.

Signed in: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

**Reserved for CALLDOC — Do not fill in**

Date Received: \_\_\_\_\_ File No.: CLDOC-RIGHTS-\_\_\_\_\_

Processed by: \_\_\_\_\_ Response Date: \_\_\_\_\_

Status:  Complete  Incomplete (Reminder sent)  Processed  Rejected (Reason: \_\_\_\_\_)

**How to submit this form**

**By email**

privacy@calldoc.ma

*Subject: Exercising Rights – [Your Name]*

**By regular mail**

Data Protection Officer

CALL DOC — APPT 15 IMM12 LOT SINE AV ALLAL

FASSI, Marrakech, Morocco



If you are not satisfied with CALL DOC's response within 30 days, you have the right to file a complaint with the CNDP: [www.cndp.ma](http://www.cndp.ma) | [contact@cndp.ma](mailto:contact@cndp.ma) | Avenue AL ARZ, Secteur 4, M1, HAY RIAD, Rabat.