Opt-Out of Data Reuse for Research Purposes Form

Step 1: Fill out the form below:

Case 1: I am opting out for myself

I, the undersigned,
Mr.☐ or Mrs. ☐
Last name: ……Maiden name: ……..
First name: ……
Date of birth: …… Place of birth: ……..

Place…… Date: …… / …… / ……..

Signature:

Case 2: I am acting as a representative to opt out on someone else's behalf

I, the undersigned,
Mr☐ or Mrs. ☐
Last name: …… First name: ……

Identity of the person I am signing for:

Last name: ……Maiden name: ……..
First name: ……
Date of birth: …… Place of birth: ……..

Place…… Date: …… / …… / ……..

Signature :

Step 2: Send in this completed form:
*N.B. Please include **a copy of your ID.***

By email: dpo@clinique-a-pare.fr

By regular mail: DPO –
Service JuridiqueCMC
Ambroise Paré
27 boulevard Victor Hugo
92200 Neuilly-sur-Seine