



InsightsIQ

InsightsIQ Solutions

Data Subject Rights Request Form (Kenya)

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Use this template to help patients/caregivers request access, correction, deletion, restriction, objection, portability, or withdrawal of consent. Requests should be sent to support.tumaini@insightsiq.co.

A. Requestor details

Full name	
Phone number	
Email (optional)	
Relationship to patient (if caregiver/HCP)	
Patient reference number (if available)	
County (optional)	

B. Type of request (tick one or more)

- Access (copy of data)
- Correction / rectification
- Deletion / erasure (where applicable)
- Restriction / limitation of processing
- Objection to processing
- Data portability
- Withdraw consent

C. Details of your request

Please describe what you are requesting and (where possible) the specific information or timeframe.

D. Identity verification

For your protection, we may request additional information to verify identity before fulfilling the request. We will only request what is reasonably necessary.

Privacy contact: support.tumaini@insightsiq.co | InsightsIQ Solutions, Nairobi, Kenya