*CSS Kranken Versicherung AG*

*Datenschutzbeauftragter*

*Tribschenstrsasse 21*

*Postfach 2568*

*6002 Luzern*

*Prénom Nom*

*Rue N°*

*Code postal Ville*

*Mail: nom.prenom@mail.com*

Request for Information Ref: *Contract number*

Dear Sir or Madam,

As a member of the [Swiss Health Data Space Association](https://www.gesundheitsdatenraum.ch/en/), I aim to make a proactive and constructive contribution to the digitization of the healthcare system in Switzerland. To this end, I am compiling all relevant data and wish to collect and, if necessary, share it in a controlled manner via one or more currently available health data accounts. In this context, I kindly request, pursuant to Article 25 of the Federal Data Protection Act (DSG) of September 25, 2020, that you provide me with all personal data processed by you within 30 days (e.g., invoices).

I request that you provide this information in electronic form, such as XML, JSON, or CSV files for secure download. If it is possible to regularly obtain newly processed data through the same technical platform, I would like to take advantage of this.

If, contrary to expectations, you are unable to provide the requested information, or if it is incomplete or not yet available, I request that you provide reasons for refusing, restricting, or delaying the information.

The enclosed copy of an official identification document is solely for the purpose of identifying me appropriately. This copy may not be used for any other purpose.

Thank you in advance, and best regards.

First Name Last Name

Enclosure: Copy of ID

Email Address: name.surname@mail.com