

PLEASE FILL IN USING CAPITAL LETTERS AND MARK WITH 'X' IN SUITABLE SQUARES

Patient's data:

.....
First name and last name

.....
PESEL number / passport number

.....
Address

If the patient is a child, the legal guardian completes the statement and the legal guardian's data should be provided:

.....
First and last name of the parent / legal guardian

.....
PESEL of the parent / guardian

.....
First and last name of the other parent / legal guardian

.....
PESEL of the other parent / guardian

.....
Phone number for contacting the patient or carer

.....
Email address for contacting a patient or carer

☐ I authorize the examination / provision of health services in this facility.

Consent to the examination / provision of the benefit is valid until its cancellation (pursuant to Article 14 (2) (3) and Article 26 paragraph 1 of the Act of November 6, 2008 on patient rights and the Ombudsman for Patient Rights (Journal of Laws 2016.186, i.e. from 2016.02.16).

I authorize to obtain information on the state of health:

☐ I do not authorize anyone to obtain information about the patient's health

1.

☐ I authorize to obtain information on the state of health

.....
First and last name of authorized person

.....
PESEL

.....
Phone number

2.

☐ I authorize to obtain information on the state of health

.....
First and last name of second authorized person

.....
PESEL

.....
Phone number

I authorize to obtain medical documentation in all legally permissible forms:

☐ I do not authorize anyone to obtain patient's medical records

1.

☐ I authorize to obtain medical records

.....
First and last name of authorized person

.....
PESEL

.....
Phone number

2.

☐ I authorize to obtain medical records

.....
First and last of second authorized person

.....
PESEL

.....
Phone number

Legal basis: Regulation of the Minister of Health of 9 November 2015 on the types, scope and templates of medical documentation and how to process it (Journal of Laws 2015, item 2069).

- ☐ **I agree to send the results of laboratory tests to the email address indicated by me on page 1 of this statements** (for contacting the patient or guardian). **I declare that when agreeing to the message I have been informed of the results of the research via electronic means of communication sending data electronically and I take full responsibility for the circulation and security of the shared data.**

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of persons in connection with the processing of personal data and on the free movement of such data and repealing the Directive 95/46 / EC (General Data Protection Regulation), I consent to the processing of my personal data in this facility for the needs of:

- ☐ **Telephone contact for the purpose of the visit (telephone for confirmation, postponement, cancellation) as well to provide the ePrescription code together with any supplementary information necessary for the use of the ePrescription**
- ☐ **Contact via text messages for the purpose of the visit (sms regarding confirmation, postponement, cancellation), as well as to send the ePrescription code along with any additional information necessary for the use of the ePrescription**

Providing contact details is voluntary, however, failure to consent will result in the inability to notify the Patient / authorized person about critical test results and / or provide other relevant information.

Information clause

The administrator of personal data provided in this statement for the purposes of providing services medical is Romana Borkowska running a business under the name ALERGO-MED Poradnia Specjalistyczna. Personal data will be processed in connection with:

- contact with authorized persons indicated by the Patient (consent is voluntary);
- contacting the patient or the patient's legal guardian by phone, sms or e-mail (consent is voluntary);
- granted consent to send results of laboratory / diagnostic tests electronically (consent is voluntary);
- granted consent to send marketing communications and to process data for marketing purposes (consent is voluntary).

In all matters related to the processing of personal data, you can contact the Data Protection Officer at address: iod@alergo-med.com. The personal data obtained may be transferred to other entities in specific cases in the information obligation arising from art. 13 GDPR, which is available on information boards in ALERGO-MED clinics and on the clinic's websites (alergo-med.com and badanialotniczolekarskie.pl).

- ☐ **I have been informed about the right to access the content of the above data and the right to correct, update, topping up and deleting. I have read the information obligation arising from art. 13 GDPR.**

.....
Date and signature of the patient / legal guardian