**Personal data processing statement**

**Patient’s data:**

Name and surname: …………………………………………………………………………………………………………. (Mr/Mrs)

ID number:…………………………………………………………………. Date of birth: ……………………………………………

Telephone no: ……………………………………. E-mail address:………………………………………………………………….

Address: ………………………………………………………………………………………………………………………………………….

**Patient’s caregiver / Legal guardian** (to fill if necessary):

Name and surname: …………………………………………………………………………………………………………. (Mr/Mrs)

ID number:…………………………………………………………………. Date of birth: ……………………………………………

Telephone no: ……………………………………. E-mail address:………………………………………………………………….

Address: …………………………………………………………………………………………………………………………………………

The patient / patient’s caregiver hereby declares that:

• he/she has been informed that the administrator of patient’s personal data included in this document, medical records related to providing healthcare services by VIDIUM MEDICA Sp. z o.o., including the sensitive personal data (data concerning health) is VIDIUM MEDICA Sp. z o.o. with its seat in Cracow (31-271), ul. Kluczborska 17/6, entered into the Register of Entrepreneurs kept by the District Court for Cracow-Śródmieście in Cracow, 11th Commercial Division of the National Court Register under KRS No: 0000641470, with Tax ID No (NIP): 6762514930, Statistical ID No (REGON): 365612602, with share capital of 752.500,00 PLN (in words: seven hundred fifty two thousand and five hundred PLN 00/100), hereinafter referred to as the “Administrator”.

• The Administrator has not appointed a data protection officer. On the processing of personal data, you may contact by letter or personally at: 31-271 Kraków, ul. Kluczborska 17/6, or via e-mail: kontakt@vidiummedica.pl;

• The data processing by the Administrator is carried out solely for the purpose of performing the duties of the Administrator related to providing healthcare services to the data subject (Patient).

• The legal basis for patient’s personal data processing is the agreement for healthcare services or patient’s consent.

• Patient’s personal data may only be disclosed to the necessary extent to: entities ordering or financing healthcare services, on the basis of legal provisions or patient’s consent; medical entities providing healthcare services in cooperation with the administrator; persons authorised by the patient within the execution of patients’ rights; entities providing legal, consulting and technical services to the Administrator to the extent necessary to provide these services to the Administrator.

• Pursuant to the provisions of the Act on Patients Rights and Patients Ombudsman patients personal data will be processed for 20 years, exceptions to this rule are set out in Art. 29 of the Act on Patients’ Rights and Patients’ Ombudsman.

• Each patient has the right to:

1) access to personal data and obtain a copy of his/her personal data,

2) rectification (revision) of personal data,

3) have his/her personal data deleted,

4) restrict the processing of personal data,

5) data portability, if the data processing is carried out on the basis of an agreement or consent.

 The Administrator shall provide this data to the data subject on an appropriate data storage device or transmit those data to another controller.

6) object to data processing,

7) withdraw consent at any time.

• Data may be accessed at the seat of the Administrator. The Administrator has also provided an e-mail address: kontakt@vidiummedica.pl, to be used for enquiries regarding personal data.

• The Administrator will not transfer personal data of patients to a third country or an international organisation.

• With regard to the processing of his/her personal data each patient has the right to lodge a complaint to a supervisory authority, the President of the Personal Data Protection Office.

• Disclosing of personal data by the Patient is voluntary. Refusing to disclose the personal data may however result in the impossibility of providing health care services by the Administrator.

• The Administrator does not perform automated decision-making or profiling of personal data.

 …………………………………………………………………………………………..

*signature of Patient or Patient’s caregiver / legal guardian\**

Furthermore, the patient / patient’s caregiver hereby:

⃝ consents to the processing of patient’s personal data by “Vidium Medica” sp. z o.o with it seat in Cracow for marketing purposes using electronic means:

 ⃝ SMS

 ⃝ E-MAIL

 ⃝ TELEPHONE

⃝ does not consent to the processing of patient’s personal data by “Vidium Medica” sp. z o.o with it seat in Cracow for marketing purposes.

…………………………………………………………………………………………..

*signature of Patient or Patient’s caregiver / legal guardian\**

**CONSENT TO DISCLOSE MEDICAL INFORMATION**

I do not allow / allow\*: ………………………………………………………………………………….………,

Personal ID No (PESEL) or date of birth: …………………………………………………… phone ……………………….…

to receive information related to my health status and the provided healthcare services

.………………………………………………………

*signature of Patient or Patient’s caregiver / legal guardian\**

**RELEASE OF MEDICAL RECORDS**

I do not allow / allow\*: ………………………………………………………………………………….………,

Personal ID No (PESEL) or date of birth: ……………………………………………….. phone ……………………….………

to receive my medical records.

.………………………………………………………

*signature of Patient or Patient’s caregiver / legal guardian*