**Personal data processing statement:**

ID number:

**Patient:**

**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: …………………………………………………………………………………………………………………………………………

**Patient’s caregiver n°2 / Legal guardian n°2** (to fill if necessary):

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

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

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

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

The Patient / Patient's guardian hereby declares that he/she has been informed that:

* The data controller of his personal data is Optegra Polska Sp. z o. o. with headquarters in Warsaw at ul. Bitwy Warszawskiej 1920 r. No. 18, 02-366 Warsaw, entered into the Register of Entrepreneurs kept by the District Court for the Capital City of Warsaw in Warsaw, 12th Commercial Division of the National Court Register under the number KRS 4971, NIP: 9720927876, share capital PLN 11,250,000. ("Optegra Polska", "Controller", "we").
* In matters related to the processing of its personal data, he/she may send an appropriate e-mail to the following address: kontakt@optegra.com.pl or contact our DPO - iod@optegra.com.pl
* We collect information about Patients provided to us in medical records and other documents, including forms filled in by the Patient, during interviews, e-mail exchanges, meetings. It may include, in particular, name, surname, date of birth, PESEL number, gender, citizenship, address of residence, telephone number, e-mail address, date of birth, health data (medical records, medical examination results, information on illnesses, information on of taken medications, diagnoses, external medical documentation), type of entitlements as well as the number and expiry date of documents confirming entitlement to healthcare services of a specific type and the date of expiry of these entitlements, the payer's identification number and any other information necessary for the provision of services.
* We process Patients' personal data to:
	+ accept the inquiry and answer it (Article 6 (1) (f) of the GDPR; legitimate interest - ensuring contact and processing inquiries);
	+ register a medical visit and to take steps to conclude a contract for a qualifying examination in connection with the request (Article 6(1)(b) GDPR)
	+ provide health services (including the keeping and storage of medical records), as well as the perform other obligations under the law, including to protect against infections and ensure epidemiological safety for people staying on the Controller's premises (Article 6(1)(b) GDPR) (performance of the contract), Article 6(1)(c) GDPR (legal obligation - including the Act of November 6, 2008 on the rights of patients and the Patient's Rights Ombudsman (i.e. Journal of Laws of 2019, item 1127, as amended), Article 9(2)(h) GDPR (providing health care and treatment based on legal provisions - as above), Article 9(2)(b) GDPR (performance of obligations in the field of labor law and social security) in connection with Article 207 of the Labor Code (obligation to ensure safe and hygienic working conditions in the workplace), Article 9(2)(i) GDPR in connection with Article 8a sec. 5 point 2) of the Act of March 14, 1985 on the State Sanitary Inspection (obligation to carry out activities in the public interest in the field of public health);
	+ perform a contract or order (including settlement of services), taking steps to conclude them (Article 6(1)(b) GDPR (taking steps at the request of a person before concluding the contract and performance of the contract), Article 6(1)(c) GDPR (legal obligation - the Accounting Act and tax law));
	+ ensure contact with persons acting on behalf of contractors, suppliers and customers (Article 6(1)(f) GDPR (legitimate interest - contact with persons performing the contract or order));
	+ handle the complaint process (Article 6(1)(b) GDPR and Article 9(2)(h) GDPR);
	+ on the basis of consent, in connection with the authorization of persons indicated by the Patient to receive information about his health and health services provided by Optegra, as well as to issue your medical records to persons indicated by the Patient (Article 9(2)(a) GDPR);
	+ investigate, determine possible claims or defense against claims, including, for example, taking actions in connection with the debt collection process (Article 6(1)(f) GDPR and Article 9(2)(f) GDPR);
	+ in the case of Patients participating in clinical trials, on the basis of consent to participate in a research experiment, including the performance of a scientific analysis (Article 6(1)(a) GDPR and Article 9(2)(a) GDPR);
	+ perform marketing (Article 6(1)(a) GDPR or Article 6(1)(f) GDPR);
	+ monitor and improve the quality of services (including satisfaction surveys, Article 6(1)(f) GDPR);
	+ send a link to leave an opinion on Optegra on Google Maps and on the portal znanylekarz.pl (Article 6(1)(f) GDPR);
	+ handle personal data protection breaches (Article 6(1)(c) GDPR);
	+ handle requests for the implementation of data subjects' requests (Article 6(1)(c) GDPR);
	+ provide Patients' personal data to companies from the Optegra capital group in Great Britain (Article 6(1)(f) GDPR) in the case of medical consultations with doctors from the United Kingdom or in the case of continuing treatment of Polish patients in the United Kingdom, as well as in connection with the transfer of data concerning personal data breaches to an insurer in Great Britain.
* When it is necessary to achieve the purposes for which we process the Patient's personal data, we may transfer them to:
	+ entities authorized to receive data on the basis of law (in particular the National Health Fund, laboratories, hospitals and other medical facilities);
	+ entities processing personal data on our behalf (e.g. suppliers of ICT systems and solutions, suppliers of call center, accounting, legal and debt collection services);
	+ personal data is also transferred for the purposes described in the last paragraph of the previous section to entities belonging to the Optegra capital group related to the Controller, including Optegra UK Limited with its registered office in Great Britain. In the case of data transfer to the United Kingdom of Great Britain and Northern Ireland (the so-called third country), the legal basis for the transfer of data will be a decision of the European Commission stating an adequate level of personal data protection in that country. To receive detailed information on the security measures applied, please contact us by sending an inquiry to the following e-mail address: iod@optegra.com.pl.
* The period of personal data processing by the Controller depends primarily on the purpose for which the Patient's data is processed. As a rule, the Controller processes data if they are necessary to achieve the purpose for which the data was collected. If the data is processed:
	+ in connection with the provision of health services, they will be kept for the period of storing medical records in accordance with the relevant legal provisions, i.e. for a period of 20 years from the end of the calendar year in which the last entry in the medical records was made, subject to statutory exceptions;
	+ in connection with the implementation of other processing purposes, they will be stored for the period of providing services, and then archiving the data for the period in which the relevant legal provisions require the storage of data or for the period of limitation of any claims.
* In justified cases, we will keep Patients' personal data for as long as they are necessary to pursue our legitimate interests. After the expiry of the processing period, the data is irreversibly deleted or anonymized by the Administrator.
* Each Patient has the right to:
	+ access to the content of personal data and receive a copy of your data,
	+ rectify (correct) his/her personal data,
	+ delete his/her personal data,
	+ restrict the processing of his/her personal data,
	+ data portability if the data is processed based on a contract or consent. The Controller will provide the data to the data subject on an appropriate medium or will send the data to the indicated subject.
	+ object to the processing of his/her personal data,
	+ withdraw his/her data processing consent at any time,
* Data access is possible at the Administrator's seat. In addition, the Administrator provides the following e-mail address: kontakt@vidiummedica.pl, through which you can contact us regarding personal data.
* Each Patient in connection with the processing of his personal data has the right to lodge a complaint with the supervisory body, which is the President of the Office for Personal Data Protection.
* Providing personal data by the Patient is voluntary, however, refusal to provide personal data will prevent the Controller from providing medical services.

I confirm that I have received a copy of this document.

 …………………………………………………………………………………………..

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

**MARKETING CONSENT**

Furthermore, the patient / patient’s caregiver hereby:

⃝ consents to the processing of patient’s personal data by Optegra Polska Sp. z o. o. with headquarters in Warsaw for marketing purposes using electronic means:

 ⃝ SMS

 ⃝ E-MAIL

 ⃝ TELEPHONE

⃝ does not consent to the processing of patient’s personal data by Optegra Polska Sp. z o. o. with headquarters in Warsaw 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*