**PATIENT STATEMENTS** made obligatory in accordance with

the Regulation of the Minister of Health of 08.12.2015 on the types, scope and patterns of medical documentation and the manner of its processing

|  |  |
| --- | --- |
|  NAME AND SURNAME |  |
|  PESEL NO. (or birth date) |  |
|  ADDRESS |  |
|  TELEPHONE NUMBER |  |

1. Patient's statement about the authorization of other person to obtain information about his or her health and medical services provided, or a statement about the lack of such authorization:

|  |
| --- |
|  Data of the authorized person (in case of the lack of authorization please enter „N/A”) |
|  NAME AND SURNAME |  |
|  PESEL NO. (or birth date) |  |
|  ADDRESS and/or TEL. NO. |  |

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 Patient’s signature

1. Patient’s statement about the authorization of other person to obtain medical documentation, or a statement about the lack of such authorization:

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|  Data of the authorized person (in case of the lack of authorization please enter „N/A”) |
|  NAME AND SURNAME |  |
|  PESEL NO. (or birth date) |  |

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 Patient’s signature

1. Pursuant to article 13 (1) and (2) of the GDPR, POLMED SA with its registered office in Starogard Gdański, osiedle Kopernika 21, as the personal data controller informs to process personel data in order to:

a) provide medical services (keep medical records, provide health care, manage healthcare systems and services, fulfill occupational health prophylaxis, ensure social security) based on article 9 (2) (h) of the GDPR,

b) data verification when making appointments - pursuant to article 6 (1) (c) (fulfillment of the legal obligation incumbent on the controller) and article 9 (2) (h) of the GDPR,

c) telephone contact or via e-mail to confirm the reservation, cancel or change the date of medical consultation and to send information regarding preparation for examinations or treatments - pursuant to article 6 (1) (b) and (f) of the GDPR (based on the contract and legitimate interests pursued by the controller).

2. Providing personal data is necessary for the provision of medical services.

3. Patients have the right to access, rectify, and update their data, as well as to access their copies and to lodge a complaint with the supervisory authority.

4. The right to limit processing, raise objections and delete data does not apply to data contained in medical records.

5. Contact with the Data Protection Supervisor of POLMED S.A. is possible via e-mail daneosobowe@polmed.pl.

6. Detailed information can be found at POLMED Medical Centers and at www.polmed.pl.

7. If you want to receive a full text of the information obligation in the form of a printout, please contact the reception of the Medical Center.

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 date

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 Patient’s signature