

## CONTRIBUTION TO DATA MANAGEMENT

I,

name:	
date of birth, place of birth:	
mother's maiden name:	
address:	
phone number:	
e-mail address:	

by way of this statement clearly and explicitly

### **consent,**

to the accessing, use, storage (electronically and/or on paper) and handling of all personal and medical data given by me and image materials, in relation to the service provided by Swiss Clinic (Swiss Medical Services Kft., Swiss Medical Hungary Zrt., Swiss Emergency Services Kft, B Radiológiai Centrum Kft.) as a medical provider. The access, use, storage and handling of said data is done in accordance to the pertaining current law in effect (2011. évi CXII. törvény, az egészségügyről szóló 1997. évi CLIV. törvény, az egészségügyi és hozzájuk kapcsolódó személyes adatok kezeléséről és védelméről szóló 1997. évi XLVII. törvény, valamint az Európai Parlament és a Tanács (EU) 2016/679 Rendelete (GDPR)) and in accordance to our own rules and regulations as pertaining to data protection which are all in accordance to current laws in effect regulating data handling and protection.

Furthermore, I recognize and agree, that if I wish to have the costs of the provided services covered by a health insurance provider, the personal and medical data mentioned above has to be forwarded to the health insurance provider. By way of this statement I consent to the forwarding of said personal data by Swiss Clinic and to the access and use of said data as pertaining to cost coverage by the health insurance company.

This statement also works to certify that I have been informed about the protection and handling of my personal and medical data by Swiss Clinic, and I acknowledge that I have read and agreed to the detailed data protection statement, which is available both on paper on site and online at <https://swissclinic.hu/adatkezelesi-tajekoztato-2/>.

In relation to personal data used for contact between myself and Swiss Clinic (e-mail address, phone number) I consent to the following:

<b>The goal of data handling</b> (please mark one)	I consent	I don't consent
Contact in relation the medical services provided	<input type="checkbox"/>	<input type="checkbox"/>
Electronic newsletter about deals with up to 50% off, and other offers	<input type="checkbox"/>	<input type="checkbox"/>

**Date:**

**Signature:**