

CONSENT TO THE PROCESSING OF PERSONAL DATA

I, the undersigned,

Full Name (including Name at Birth):	
Place and Date of Birth:	
Mother's Name at Birth:	
Telephone Number:	
Email Address:	

I hereby unequivocally and expressly consent

to Swiss Clinic (Swiss Medical Services Kft., Swiss Medical Hungary Zrt., Swiss Emergency Services Kft., and B Radiológiai Centrum Kft.) to access and process my personal data and data concerning health in connection with the provision of healthcare services to me, in accordance with all applicable laws and regulations governing data protection, the processing of health data, and medical confidentiality, as amended from time to time, as well as Swiss Clinic's internal data protection policies.

I further acknowledge and agree that, should I wish to receive healthcare services under a health insurance policy concluded with a health insurance provider, the transfer of my personal and data concerning health to the relevant health insurance provider is necessary for this purpose. I hereby expressly consent to such data transfer and authorize Swiss Clinic to disclose and transfer my data to the relevant health insurance provider.

By signing this declaration, I acknowledge that Swiss Clinic has provided me with the necessary and appropriate information regarding the processing and protection of my personal data.

I confirm that I have been informed that detailed information concerning the conditions, purposes, and legal bases of data processing, my rights as a data subject, and any potential transfers of personal data is set out in the Privacy Notice currently in effect. This Privacy Notice is available in printed form at the healthcare facility and online at: <https://swissclinic.hu/adatkezelesi-tajekoztato-2/>

I confirm that I have read and understood the Privacy Notice and acknowledge its contents.

Having been informed of the above, I hereby declare my preferences regarding the following purposes of data processing by indicating my choices below:

	I consent	I do not consent
To the processing of my email address and telephone number for the purpose of communication regarding my healthcare services.	☐	☐
To the processing of my email address for the purpose of sending electronic newsletters containing discounts and promotional offers.	☐	☐

I may withdraw my consent at any time. The withdrawal of consent shall not affect the lawfulness of any processing carried out prior to such withdrawal.

Date:

Signature: