

CONSENT – APPROVAL OF PERSONAL DATA PROCESSING

I hereby state that I have read and understood the text "Information on Data Processing", and that I approve of Special Hospital AGRAM using my personal data for the purposes of its basic activity.

✓ I agree that my personal data can be stored in Special Hospital AGRAM's system.

YES ☐ NO ☐

✓ I agree that my medical test results can be sent to the following e-mail address _____@_____.

YES ☐ NO ☐

✓ I have been acquainted with the right and manner of withholding the given approval at any time.

YES ☐ NO ☐

name and surname, signature

OIB / ID document (number)

If necessary, we will forward your personal data to third persons, but exclusively for the purposes of providing medical services and in the cases foreseen by law. Your data shall be processed confidentially and in accordance with the General Data Protection Regulation, their purpose and the regulations in force.

** Special Hospital AGRAM shall use the data collected via this Form for the exercise of data subject rights in accordance with the General Data Protection Regulation (EU 2016/679) and for responding to the data subject's queries and complaints.*