

Patient's full name: .....

Pesel: ..... Phone no:.....

Address: .....

- please mark the relevant answer with an **X** in the space provided

**1.1.** I hereby authorise the following persons to receive information about my health and treatments:

No.	Full name	Address	Phone number

**1.2** I do not consent to information about my health and treatments being released to anyone.

**2.1** I hereby authorise the following persons to receive my medical records:

No.	Full name	Address	Phone number

**2.2** I do not consent to my medical records being released to anyone.

**3.** I have been given an option to familiarise myself with Patients' Rights.

**4.** I declare that I have read the Organizational Regulations and accept all the terms contained therein.

Please indicate **I consent** or **I do not consent** in the following sections.

**5. I consent / I do not consent** to receive medical information via email using the address below:

.....

**6. I consent / I do not consent** to be contacted over the phone in relation to my treatment.

**7. I consent / I do not consent** to receive marketing information about new services offered by DUODENT.

This consent form will be digitised and included in medical records. I understand that this form can be collected within one year after the digitisation.

If you gave your consent to release your medical records and/or information relating to your health and treatments to any third parties, please make sure to inform such parties that their data will be processed by DUODENT, and that they hold the rights outlined in the footnote of the current form.

**This consent form will remain in effect until revoked or changed.**

**This consent form applies in all companies within the DUODENT Group: DUODENT PRZYCHODNIA LEKARSKA SP. Z O.O. and DUODENT S.C. KATARZYNA I ARKADIUSZ ŻMUDA**

**PLEASE NOTIFY THE RECEPTIONIST COLLECTING THIS FORM SHOULD YOUR CONSENT APPLY TO ONLY ONE OF THE COMPANIES LISTED ABOVE**

Form submission date: .....

Patient's signature: .....

Patient's full name: .....

**APPLIES TO PATIENTS OF DUODENT PRZYCHODNIA LEKARSKA SP. Z O.O.**

In accordance with Article 13 (1,2) of the General Data Protection Regulation (GDPR) of 27 April 2016, the administrator of your data is DUODENT PRZYCHODNIA LEKARSKA Sp. z o.o., Nowolipki 21, 01-006 Warszawa, represented by Wojciech Włodarczyk.

The Data Protection Officer is Monika Wojtal, email: monica.wojtal@gmail.com.

Your personal data will be processed by DUODENT in order to provide medical services, pursuant to Article 9 (2h) of the General Data Protection Regulation (GDPR) of 27 April 2016.

Your personal data will be stored for the duration specified in Article 29 of the Act on Patient's Rights and the Patient's Rights Ombudsman of 6 November 2008.

You have the right to access, amend and transfer your personal data, as well as object to its processing.

You have the right to file a complaint with the President of the Personal Data Protection Office (ul. Stawki 2, 00-193 Warszawa) if you believe that the processing of your personal data violates the provisions of the General Data Protection Regulation (GDPR) of 27 April 2016. Providing your personal data is a condition for receiving medical services from DUODENT. DUODENT may share your personal data with third parties associated with DUODENT exclusively for the purposes of providing medical services.

Your data will be processed automatically through electronic patient record systems; DUODENT does not use automated decision-making, including profiling.

Wojciech Włodarczyk

**APPLIES TO PATIENTS OF DUODENT S.C. KATARZYNA I AKRADIUSZ ŻMUDA**

In accordance with Article 13 (1,2) of the General Data Protection Regulation (GDPR) of 27 April 2016, the administrator of your data is DUODENT S.C. Katarzyna i Arkadiusz Żmuda, ul. Arkuszowa 63 01-934 Warszawa, represented by Katarzyna Żmuda.

The Data Protection Officer is Monika Wojtal, email: monica.wojtal@gmail.com.

Your personal data will be processed by DUODENT S.C. in order to provide medical services, pursuant to Article 9 (2h) of the General Data Protection Regulation (GDPR) of 27 April 2016.

Your personal data will be stored for the duration specified in Article 29 of the Act on Patient's Rights and the Patient's Rights Ombudsman of 6 November 2008.

You have the right to access, amend and transfer your personal data, as well as object to its processing.

You have the right to file a complaint with the President of the Personal Data Protection Office (ul. Stawki 2, 00-193 Warszawa) if you believe that the processing of your personal data violates the provisions of the General Data Protection Regulation (GDPR) of 27 April 2016. Providing your personal data is a condition for receiving medical services from DUODENT S.C. DUODENT S.C. may share your personal data with third parties associated with DUODENT S.C. exclusively for the purposes of providing medical services.

Your data will be processed automatically through electronic patient record systems; DUODENT S.C. does not use automated decision-making, including profiling.

Katarzyna Żmuda

**If you authorised any persons to receive your medical records or information about your health and treatments, please inform such persons that their data will be processed by DUODENT and that they hold the rights outlined above.**