

CONSENT REGARDING PERSONAL DATA PROCESSING
FOR HEALTH PURPOSE

I, the undersigned _____, identified with _____ I hereby declare that I agree that processor **LABORATOR CUZA VODA SRL** to process my personal data (first name, surname, identity card, personal identification number), contact details (address, phone number, e-mail address), my health data status, any information from the medical file, data related to the health card and payment card, the photographic and video image, voluntarily communicated or obtained as a result of the operator's activity, for the following purposes:

- Sampling services, prophylactic and curative medical tests, medical documents issuance, specialized medical services, surgery;
- Photographing or filming the video surveillance systems in the premises in order to ensure the security of persons and goods;
- Carrying out clinical studies for statistical purposes, for scientific research, using the principle of anonymization;
- Preparation of payment documents, clearing with different institutions;

I agree that my personal data (telephone number and e-mail address) to be used for marketing purposes, about medical services;

The processing activities are: *collecting, recording, organizing, structuring, storage, extracting, consulting, using, disclosure by transmission, dissemination or making my personal data available in any way.*

As the case may be, the communication of the data to other institutions, medical laboratories, insurance and reinsurance companies, partner hospitals, partner medical clinics, other employers, IT companies will be allowed only for the purposes for which they were collected, until the right of opposition is expressed, according to the legal provisions in the medical field.

Means of performing the processing operations: scriptic and electronic support.

My personal data storage period is in accordance with the terms of storage according to the Romanian Archival Nomenclature.

I, the undersigned, declare that this consent on personal data processing, as well as the provision of the above-mentioned data represents my exclusive will.

I, the undersigned, declare that I agree that **SC LABORATOR CUZA VODA SRL** to manages my personal data, in safety and confidentiality conditions, and only for the purposes mentioned above.

Also, I expressly and unequivocally give my consent that minor's personal data to be stored in the database of **LABORATOR CUZA VODA SRL**, in compliance with the applicable law on personal data confidentiality and security.

In accordance with the legal provisions of Romanian Regulations (UE) 2016/679 and Law no. 190/2018 on personal data protection, I declare that I have been informed that I benefit the right to be informed, to access and rectificate of my personal data, the right to portability, the right to address the Courts or the personal data supervisory authority, as well as the right not to be subjected to an individual decision.

For any other additional details on personal data processing, the Personal Data Protection Officer may be contacted at the e-mail address dpo@centrul-provita.ro or a written request may be sent to the address Strada Alexandrina, nr.20-22, Sector 1, Bucharest.

I, the undersigned, have been informed that I have the right to object to the processing of my personal data and to request the rectification or deletion of the data provided, from the database of the data operator, except for those

cases where the legitimate interest allows the contrary. To this purpose, I will be able to draft a written request, dated and signed, addressed to the company management.

I, the undersigned hereby declare on my own responsibility that the information was communicated in a concise manner, easy to understand and clear, that I have understood this consent and I agree with the processing of my personal data by the means and for the purposes shown above.

(Signature of the patient / legal representative)

Date ____/____/____
 Day Month Year