

PATIENT CONSENT TO ACCESS THE ONLINE SYSTEM AND COMMUNICATION WITH CENTRUM MEDYCZNE ENEL-MED

I CONFIRM THE ACCURACY OF THE DATA SPECIFIED BELOW (complete in capital letters):

FULL NAME OF THE **PATIENT**:

PESEL *Personal Identification Number*:

in case of a person without PESEL granted – the date of birth

PHONE NO.*: E-MAIL*:

I HEREBY AGREE TO:

YES NO **OBTAINING ACCESS TO THE ONLINE SYSTEM****

Processing of personal data provided by Centrum Medyczne ENEL-MED SA, in order to obtain and maintain access to the ENEL-MED system on-line, using electronic means of communication.

YES NO account connected to the account of the legal representative who is a Patient with access to the full version of the System***:

If YES: full name and PESEL of the legal representative:.....

YES NO **PROCESSING OF DATA FOR MARKETING PURPOSES**

Processing of personal data provided by Centrum Medyczne ENEL-MED S.A. with its registered office in Warsaw, ul. Słomińskiego 19 lok. 524, 00-195 Warsaw for marketing purposes of the entities from the ENEL-MED Group.

YES NO **SENDING OF COMMERCIAL INFORMATION USING THE MEANS OF ELECTRONIC COMMUNICATION**

Sending by Centrum Medyczne ENEL-MED SA with its registered office in Warsaw, ul. Słomińskiego 19 lok. 524, 00-195 Warsaw commercial information concerning the activities of the entities from the ENEL-MED Group and products and services offered by the entities from the ENEL-MED Group by means of electronic communication, including electronic mail (e-mail address) and SMS / MMS, which involves the use of telecommunications terminal equipment that I am a user of.

YES NO **TRANSMISSION OF MARKETING CONTENTS BY MEANS OF THE PHONE**

Using by Centrum Medyczne ENEL-MED S.A. with its registered office in Warsaw, ul. Słomińskiego 19 lok. Słomińskiego 19 lok. 524, 00-195 Warsaw, telecommunications terminal equipment, of which I am a user and automatic calling systems for direct marketing of entities from the ENEL-MED Group.

*Date and legible signature of the patient or legal representative ****

* If the patient is a minor, or is totally incapacitated or unable to give informed consent, insert the phone number and e-mail of the patient's legal representative.

** Consent required

*** If the patient is a minor, or is totally incapacitated or unable to give informed consent. *By signing I confirm that I am the patient's legal representative – a parent / a legal guardian.*

The consent may be withdrawn at any time without affecting the lawfulness of the processing of personal data which has been made on the basis of consent prior to its withdrawal. Centrum Medyczne ENEL-MED S.A. with its registered office in Warsaw, ul. Słomińskiego 19 lok. 524 (00-195 Warsaw) (ENEL-MED), as the administrator of the personal data provided in the form, informs that your personal data will be processed in order to obtain and maintain access to the ENEL-MED system on-line, using electronic means of communication and in accordance with consents to conduct marketing activities related to the operations of the ENEL-MED Group. Detailed information on your rights related to the processing of personal data and other information regarding the processing of personal data can be found in the Privacy Policy available at www.enel.pl and in the branches of CM ENEL-MED. Please read the content.

legible signature of the person accepting the consent and verifying the identity

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