

..."TERMS & POLICIES" by SimplyNomX

INDIVIDUAL ENTREPRENEUR VALIKHNOVSKY ROSTYSLAV
ID CODE: 2671809273 MFI: 306500 BANK: JSC "AB" RADABANK ", DNIPRO P
/ p: UA44306500000026009500006220 Address: 02098, Kyiv, street
Berezhnyakivska, bldg. 34-A, apt.21 INFORMED VOLUNTARY CONSENT OF A
PERSON FOR PROCESSING OF PERSONAL DATA AND MEDICAL
INFORMATION

When applying to Valikhnovsky R.L., ID CODE: 2671809273, (hereinafter - the Contractor), I personally consent to the collection, processing and storage of mine personal data and medical information to the local information system, which is in Artist. I know that according to the current legislation of Ukraine, personal data is information or a set of information about an individual who is identified or may be specifically identified, and medical information is information about the patient's health, his diagnosis, information obtained during a medical checkup from any provider of medical services, in particular relevant medical documents related to the patient's health.

voluntarily apply to the Contractor and provide full information about me the state of my health, and my personal data. I agree to the collection, processing and storage by the Contractor of my personal data for conditions of observance of their protection according to requirements of the Law of Ukraine «About protection of personal data »

agree to the collection, processing and storage by the Contractor of medical information regarding me, namely diagnoses, x-rays, test results, hardware data and laboratory research methods, medical reports, medical records, certificates, reply letters and any other information about my health.

agree that the Contractor is committed to ensuring confidentiality and security my personal data and medical information during their processing. Employees of the Contractor process my personal data and medical information solely in connection with in the performance of their professional duties and undertake not to disclose personal data and medical information that have been entrusted to them or become known in connection with performance of professional, official and labor duties.

agree that the Medical worker may take a photo while fulfillingg his / her professional duties and / or video recording and may subsequently use the impersonal results of such fixation for advertising, marketing, educational and other purposes that do not contradict legislation of Ukraine. I agree that the Contractor's information processing services are paid and I undertake to pay them in full.

WITH THE APPROPRIATE ELECTRONIC NOTE, I confirm that before accepting this consent I was explained the purpose of collecting and processing my personal data, medical information. and my rights as a subject of personal data, medical

information under Art. 8, Art. 12, Law of Ukraine "ON PERSONAL DATA PROTECTION", Law of Ukraine "ON INFORMATION" and Law of Ukraine "FUNDAMENTALS OF THE LEGISLATION OF UKRAINE ON HEALTH CARE".