

Patient's declarations

must be submitted in accordance with the Regulation of the Minister of Health dated April 6, 2020, regarding the types, scope, and templates of medical documentation, as well as the method of its processing, and the Act of November 6, 2008, on patient rights and the Patient Rights Ombudsman.

PLEASE COMPLETE WITH BLOCK LETTERS.

First name

Surname

Personal Id No

Passport No (if there is no Personal Id No)

Telephone

Residence address:

Post code

City

Street

Building / flat No /

1. I declare that I authorize/do not authorize* a close person to obtain information about my health condition and provided medical services.** Data of the authorized person.:

First name

Surname

Personal Id No

Telephone

2. I declare that I authorize/do not authorize* a close person to obtain medical documentation.** Data of the authorized person.:

First name

Surname

Personal Id No

Telephone

3. I declare that I give/do not give* consent for sharing my medical documentation with a close person after my death.** Data of the authorized person.:

First name

Surname

Personal Id No

Telephone

* delete as appropriate

** within the meaning of the regulations a close person is : a spouse, a relative up to the second degree (e.g., daughter, grandson) or a relative by marriage up to the second degree in the direct line (e.g., mother-in-law), a legal representative, a person living in a common-law relationship, or a person indicated by the patient.

.....
Date

.....
Patient's signature

Let's keep in touch!

Thanks to the provided consent for receiving commercial and marketing information, we can send you updates on current promotions, discounts, new medical services and specialists, or advice regarding health prevention. **Respecting your time, we promise to send only valuable content!**

First name

Surname

Telephone

E-mail

☐ Y☐ N

I consent to the processing of my personal data by POLMED S.A. and to share this data with other entities of the POLMED group, for marketing and statistical purposes, and to receive commercial information to the e-mail address provided by me. Providing personal data is voluntary. I have the right to inspect my personal data and correct them, as well as the right to submit a written, substantiated request to stop processing my data due to my special situation and to object to the processing of my data. I acknowledge that the POLMED group includes POLMED S.A., POLMED ZDROWIE Sp. z o.o., POLMED Innovation Sp. z o.o., POLMED Diagnostyka Sp. z o.o., Starmedica Diagnostics Sp. z o.o. Rehabilitation Hospital Jantar Sp. z o.o., POLMED Development Sp. z o.o.

☐ Y☐ N

I consent to the processing of my personal data by POLMED S.A. and to share this data with other entities of the POLMED group, for marketing and statistical purposes, and to receive commercial information to the telephone number provided by me. Providing personal data is voluntary. I have the right to inspect my personal data and correct them, as well as the right to submit a written, substantiated request to stop processing my data due to my special situation and to object to the processing of my data. I acknowledge that the POLMED group includes POLMED S.A., POLMED ZDROWIE Sp. z o.o., POLMED Innovation Sp. z o.o., POLMED Diagnostyka Sp. z o.o., Starmedica Diagnostics Sp. z o.o. Rehabilitation Hospital Jantar Sp. z o.o., POLMED Development Sp. z o.o.

.....
Date

.....
Patient's signature

POLMED S.A. Information Clause

1. The administrator of your personal data (in accordance with the provisions of the GDPR) is POLMED S.A. with its registered office in Starogard Gdański, Osiedle Kopernika 21.
2. Your personal data is processed in order to:
 - a. provision of medical services (e.g. keeping medical records, providing health care and managing health care systems and services, preventive occupational medicine, ensuring social security),
 - b. verification of data when arranging a visit,
 - c. contact by phone or via e-mail to confirm the reservation, cancel or change the date of medical consultation and send information regarding preparation for examinations or treatments.
3. Providing data is necessary to provide medical services.
4. If you consent to the processing of data for marketing purposes, your data will be processed in order to provide commercial and marketing information regarding the services provided by POLMED S.A., entities of the POLMED group and its subcontractors in the field of marketing services. You can withdraw this consent at any time.
5. Your data will not be processed in an automated manner and will not be subject to profiling.
6. At any time, you are entitled to, among others: the right to access data, rectify it, update it, access a copy, and in case of doubt - the right to lodge a complaint to the President of the Personal Data Office.
7. The right to limit processing, raise objections and delete data do not apply to data contained in medical documentation.
8. Your data is supervised by the Data Protection Inspector at POLMED. You can contact him via the e-mail address daneosobowe@polmed.pl.
9. Detailed information and the full content of the POLMED Information Obligation can be found at www.polmed.pl and in POLMED Medical Centers.

I declare that I have read the Information Clause:

.....
Date

.....
Patient's signature