

# LEGAL CONSENT FORM



PATIENT (NAME, SURNAME) : \_\_\_\_\_  
DATE: \_\_\_\_\_ ID: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
PHONE: + \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
(TO EVALUATE POSSIBLE RELATION TO PATHOLOGY) ZIP CODE: \_\_\_\_\_  
INSURANCE: \_\_\_\_\_

## Informative clause Data Protection and Special Categories of Data

Following the principles of legality, loyalty, and transparency, we provide you with the following information regarding the processing of your personal data:

**The undersigned, Mr./Ms.:** \_\_\_\_\_, **of legal age, with ID** \_\_\_\_\_, **at**  **his/her own representation or as a**  **parent/legal guardian of** \_\_\_\_\_ **(hereinafter referred to as the INTERESTED) with ID number** \_\_\_\_\_, **using this document DECLARES and STATES that he/she has been informed of the processing of his/her personal data.**

I have been informed of the processing of my personal data by the Data Controller, IRINA MATVEIKOVA with tax identification number 06611960N. The purpose of this clause is to inform about the processing of data for the provision of the medical consultation service.

For the execution of the contract, it will be necessary, among others, to process the different categories of data: Identification data, contact, economic, personal characteristics and social circumstances. For the provision of the service it will also be necessary to process certain special categories of data depending on the client, in particular health data and data arising from the provision of the sessions.

The data we request are adequate, relevant, and strictly necessary, and in no case are you obliged to provide them, but their non-communication may affect the purpose of the service or the impossibility of providing it. We process the information you provide us to correctly provide the service you are contracting. The legal basis for the processing is the performance of the contract, which, among other things, is necessary for the purposes of preventive medicine, medical diagnosis, provision of health or social care or treatment, or management of health and social care systems and services for special categories of data. Another legal basis for processing is the consent you provide to receive commercial communications from us.

We also inform you that the image and/or voice recordings you make in consultation may not be used as evidence in a trial if there has been provocation, deception, or coercion to record them.

The RESPONSIBLE will not communicate your data to any third party unless you expressly consent, there is a legal obligation, or the service implies the communication. The data could be shared with other physicians and health professionals for purposes related to the patient's health status.

Your data will be kept for the minimum time necessary for the proper provision of the service offered and to meet the responsibilities that may arise from it and any other legal requirements. In this sense, the data related to the Clinical History will be kept, following the regulations on patient autonomy and other regional regulations, for at least five years.

You may exercise your rights of access, rectification, deletion, limitation of processing, portability, and opposition by writing to Dr. Matveikova's at [admin@irinamatveikova.com](mailto:admin@irinamatveikova.com).

Likewise, you may address your claims to the corresponding data protection authority, being the AEPD the one indicated in the national territory, [www.aepd.es](http://www.aepd.es).

Mr./Ms. \_\_\_\_\_, of legal age, with ID number \_\_\_\_\_, in own representation or as father/mother/legal guardian of \_\_\_\_\_ (hereinafter referred to as the INTERESTED PARTY) with ID number \_\_\_\_\_, hereby DECLARES and STATES that they have been informed about the processing of their personal data.

If you wish to receive information, please check the following box:

**I authorize the sending of advertising communications related to activities, products, or services via postal mail, fax, email, or any other equivalent electronic means.**

I have read and understood the processing of my personal data:

SIGNATURE: \_\_\_\_\_

NAME, SURNAME: \_\_\_\_\_ DATE: \_\_\_\_\_