

Our Data Protection Promise

Affidea is committed to respect your rights under data protection laws. Keeping your personal and health data safe is very important to us. Our **Data Privacy Notice for Patients** (“Notice”) contains the essential information about our data processing when providing your medical services. We kindly ask you to take a moment to read the Notice so that you are clear about why and how we process your personal data. In the Notice you can find information on the following: (a) the identity and the contact details of the data controller; (b) the contact details of the data protection officer; (c) the purposes and legal basis for processing; (d) the sources of your personal data; (e) the recipients of your personal data; (f) the period for which your personal data will be stored; (g) your rights under data protection laws; (h) international data transfers.

Your Data Protection Statement

I. Your Acknowledgement (see clause 1.1 of the Notice)

I, the undersigned, by signing this statement acknowledge that I have received the Affidea Data Privacy Notice and its Annex providing information about how Affidea will process my personal data for the purpose of performing medical diagnosis and/or providing medical treatment.

II. Additional authorization(s) - optional (see clause 1.3. of the Notice)

I understand that by ticking the boxes below I can voluntarily authorize Affidea to perform additional processing of my personal data (section 1.3 of the Notice provides more details). I also understand that if I do not consent, this will not have any impact on the medical services provided to me. I further understand that I can withdraw my consent at any time.

I consent to be informed of clinical studies I could potentially and voluntarily participate in.

Yes, I consent No, I don't consent

I consent to my personal information, including my health data, being de-identified so that Affidea may use it and share it for research and development, educational, statistical and commercial purposes. The set of personal information subject to the de-identification includes my personal information as collected by Affidea in the past (i.e. before I provided this consent) and as may be collected by Affidea in the future if I make use of Affidea's services.

Yes, I consent No, I don't consent

I consent to be informed of Affidea's latest offering in medical services via e-mail (e-marketing).

Yes, I consent No, I don't consent

I consent to be contacted for personalized marketing purposes.

Yes, I consent, via e-mail SMS phone

No, I don't consent

III. Collection of historic medical reports within Affidea's group of companies

I understand that the availability of my historic medical records may facilitate the medical diagnosis and/or medical treatment I request from Affidea. I authorize Affidea to collect my relevant historic medical records from (an)other data controller(s) belonging to Affidea's group of companies in Greece, if needed.

Yes, I consent No, I don't consent

Place and date: _____

Print full name of patient: _____

Signature of the patient: _____

If the patient cannot make a statement and/or sign on their own behalf, please provide us with the reason and the identity of the representative:

child under []

vulnerable adult

other:

Print full name of the representative: _____

**Signature of the
representative** _____