

CONSENT TO PERSONAL DATA PROCESSING

I have read the following terms and rules for the processing and protection of personal data. I fully understand and accept them.

1. This form is an integral part of forms listed below in terms of processing and protection of personal data:

- Patient's Registration Form
- Vasectomy Consent Form
- Patient Survey
- Free Accommodation Form

2. Consent to the processing of personal data in this form also applies to personal data in selected forms listed above.

3. Controller - personal data controller which is Centrum Planowania Rodziny Eugeniusz Siwik, with a registered office at ul.Kazachska 5/UI, 02-999 Warsaw, Poland, personal identification number NIP: 9511947656

4. The data subject has a right to access the contents of his/her personal data and a right to correct, remove them, limit the scope of their processing, a right to transfer the data, a right to submit an objection, a right to withdraw his/her consent at any time, without any impact on the right to processing which has been done on the basis of such consent before such consent is withdrawn.

5. In the event of determination that personal data processing breaches the provisions of GDPR, the User who is such data subject has a right to lodge a complaint to the President of the Personal Data Protection Office.

6. As part of preparation, operation itself, registration for vasectomy, consultation after operation, statistical studies and data analysis personal data from selected forms listed above can be used.

7. Personal data may be transferred or disclosed to other entities subject to the rules specified in separate provisions.

8. Personal data shall be stored for a period required for the fulfilment of the provisions covered by selected forms listed above and for a period of 1 calendar year from the date of completion of fulfilment of such provisions.

9. The Controller shall protect the Users' personal data against unauthorized access of third parties, and shall provide organizational and legal means, according to the binding provisions of law, aimed at guaranteeing confidentiality of the Users' personal data.

10. The Patient declares that the personal details of third parties provided in the selected forms listed above (eg Partner's data, contact details of contact persons, etc.) are correct and the Patient obtained the right to process them.

Date and Patient's Signature