

Consent
to Personal Data Processing for Patients

I, the undersigned,

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A Patient's Surname

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A Patient's Name

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A Patient's Middle Name / Patronymic

Date of birth:

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Residing

at the address:

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Proof of identity document: series:

number:

.....

issued by:

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.....

date of issue:

.....,

Tel.:

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e-mail:

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place of work:

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as per Federal Law No. 152-FZ "On Personal Data", dated July 27, 2006, hereby give my consent to the Non-profit Partnership "St Elizaveta Clinic" (hereinafter "St Elizaveta Clinic") for the processing and transfer of my personal data as per the following conditions:

1. The list of personal data transferred to St Elizaveta Clinic includes the following: surname, name, middle name/patronymic, date of birth, actual residence address, contact telephone numbers, passport details (or those of other proof of identity), place of work, information about health status, diseases and other information. This information shall be stored and processed by St Elizaveta Clinic for medical and prevention purposes, with a view to providing paid medical services under an agreement and carrying out other activities arising thereof, as well as for the purpose of keeping internal records on the Provider's part, with the strict observance of medical secrecy.

2. I hereby grant St. Elizaveta Clinic the right to perform all operations with personal data, including collection, systematization, accumulation, storage, updating, amending, use, transfer, anonymization, blocking and destruction.

3. St Elizaveta Clinic is entitled to apply the following means for processing personal data: in hard copies, information systems containing personal data with and without the use of automation means, as well as blended means.

4. During the provision of the services to me on the part of St Elizaveta Clinic, I hereby grant St Elizaveta Clinic the right to transfer my personal data, including those constituting medical secrecy, while undertaking measures to ensure its security, to the following persons:

- officials, as well as persons who are contracted by St Elizaveta Clinic to process personal data of its patients as per a respective agreement signed with the Clinic;

- staff who are charged by the employer to oversee HR and health&safety matters, as well as insurance medical providers (which take part in the obligatory medical insurance programme), supervisory bodies, e.g., local offices of Rospotrebnadzor, other public authorities.

The timeframe for storing my personal data shall align with that prescribed for storing primary medical documents (i.e., medical records) and shall come to twenty-five years.

The transfer of my personal data and other disclosure thereof may only be implemented with my prior written consent.

This Consent is granted by me on _____, is effective from the signature date hereof and shall remain valid for an unlimited period of time. My written notification about this Consent's withdrawal received by St Elizaveta Clinic shall serve as the ground for halting my personal data's processing.

The PD Subject's signature

(the PD Subject's signature)

(Full name)

Place for the PCR barcode

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Place for the antibody-based barcode

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