

INFORMED CONSENT for the processing personal Data

I, _____,

(Fullname of the person providing the consent for processing personal data)

in accordance with Article 9, Item 4 of Article 9, Item 1 of Part 2 of Article 10, Part 1 of Article 11 of the Federal Law of Russian Federation, No. 152-FZ passed on July 27, 2006, in context of "Personal Data", registered on address:

(Registered address)

Passport Number: _____,

(Serial number of the document, date of issue, issued by which governing body)

I provide my voluntary consent to the **Limited Liability Company "GMS ECO"** (OGRN 1147746451269, INN / CODE 7729770515/771501001), located at: "127018, Moscow, 2 Yamskayaul., 9" (hereinafter referred to as the "**Operator**"), for the processing of my personal data, including but not limited to: Full Name, Date and Place of Birth, address, marital status, contact phone number (s), biometric personal data, data on my health, intimate life, medical history of diseases and data on instance of seeking medical help, in order to establish a medical diagnosis, provide medical and medico-social services and for other medical and preventive purposes, provided that their treatment is carried out by a person who is a medical professional engaged in medical activities and obliged to preserve medical confidentiality.

In the process of provision of the medical assistance to me by the Operator, I authorize medical professionals and/or authorized personnel to handle and transfer my personal data containing confidential information regarding my health to other medical professionals and/or authorized personnel of the Operator, in the interests of my medical examination and treatment.

I provide my voluntary consent to the Operator and all necessary right to carry out all activities (operations) on my personal data, including collection, recording, systematization, accumulation, storage, updating (updating, modifying), extraction, use, transfer (distribution, provision, access), blocking, removal and destruction of my personal data. I provide the Operator the right to process my personal data by entering it into an electronic database, including in the lists (registers) and reporting forms provided by the documents regulating the provision of reporting data (documents).

The operator, in the process of fulfilment of obligations to me, has the right to provide my personal data, data on my state of health, treatment and examination to the experts of the clinic, authorities and organizations that monitor the quality of medical services provided to me in the form of digital media, paper or communication channels, which are in compliance with measures to ensure the protection of this data from unauthorized access, provided that their reception and processing will be carried out by a person(s) who is required to ensure professional confidentiality.

The period of storage of my personal data corresponds to the period of storage of primary medical documents (medical records) and is no more than twenty-five years.

The transfer of my personal data to other persons or their other disclosure can be carried out only with my written consent, unless otherwise stipulated by the current legislation of the Russian Federation.

This consent is valid for an unlimited period. I reserve the right to withdraw my consent by drawing up a corresponding written document that can be sent by me to the Operator by registered mail with a notice of delivery or handed personally to the representative of the Operator.

In the event that my written application for revocation of this consent to the processing of personal data is received, the Operator shall cease processing them for the period necessary for completion of payment for the medical assistance provided to me before.

This consent form is provided by

(Fullname of the person providing the consent for processing personal data)

(signature of the person providing the consent for processing personal data)

«__» _____ 20__ year

