

PRIVACY STATEMENT (Annex to the Service Agreement)

As the undersigned, _____ (hereinafter Client or Patient) I declare that I have read and understood the joint Privacy Information Sheet and its contents as attached to the Service Agreement concluded with RMC MedLife Holding Kft. (head office: 1026 Budapest, Gábor Áron utca 74-78. 3. floor; company registration number: Cg.01-09-202964), as well as with RMC MEDICAL Zrt. (registered office: 1026 Budapest, Gábor Áron utca 74-78. 3rd floor; company registration number: Cg. 01-10-048721), which belongs to the group of companies, or RMC DENTART Kft. (registered office: 1026 Budapest, Gábor Áron utca 74-78. 2nd floor; company registration number: Cg. 01-09-276010) (hereinafter collectively referred to as "RMC" or the Service Provider). **I have acknowledged the privacy information sheet related to healthcare services – available electronically on the RMC website <https://rmc.hu/kozerdeku-info> or in paper form at reception – and provide my personal data below accordingly, as well as supporting documentation:**

Name¹:

Address¹:

Place and date of birth:

Mother's maiden name³:

TAJ (Hungarian state health insurance) number²:

Telephone number³:

Email address³:

Other data processed: sex, health fund contract number, start and end date of insurance contract, deductible amount, address, email, telephone number, and health data regarding my state of health as set out in the Privacy Information Sheet³.

¹ The provision of data is mandatory in order to issue an invoice in accordance with Article 167 of Act C of 2000 on Accounting and Annex 2 of Decree 23/2014 (30.VI.) of the Hungarian National Ministry of Finance.

² The provision of data is mandatory in accordance with Act XLVII of 1997, paragraph 35/J (1).

³ The provision of data is a prerequisite for entering into a contract for healthcare services; the provision of personal data is mandatory in order to identify you and maintain appropriate contact (phone, email), otherwise we will not be able to identify you properly, we will not be able to contact you and it will not be possible to use our services.

I make the following declarations in the interest of maintaining contact in the future:

I hereby give my consent do not give my consent to RMC sending pandemic-related or seasonal medical advice, health tips and exclusive discounts to my email address*

I hereby give my consent do not give my consent to a photograph of my face being taken that RMC will store, together with my personal identification data, for identification purposes only for the period of the Service Agreement*

I will notify the company of any change in my personal data immediately, or at the latest within eight days, and present any relevant documentation that confirms the change in my details.

I understand that I can withdraw my consent at any time with no negative consequences. The withdrawal of my consent does not affect the legality of any data processing prior to that withdrawal. I declare that I have provided my consent voluntarily, free of external influence, and that I have done so with full knowledge of the relevant information and the applicable legal provisions.

Budapest, _____

Client (Patient)
or his/her legal representative

In our presence as witnesses:

Name: _____
Address: _____
Signature: _____

Name: _____
Address: _____
Signature: _____

**The provision of data is not a prerequisite for the law, or the conclusion of a contract, and the provision of personal data is not mandatory. If you do not provide your details, you will not be the first to receive information about our exclusive and useful healthcare advice, discounts and news.*