

## EXPLICIT CONSENT FORM REGARDING THE PROCESS OF PERSONAL DATA

Istanbul Memorial Health Investments Co. We request your explicit consent for ("Memorial") to process and transfer your personal data given in detail at the Clarification/Information Form for Processing Personal Data as necessitated by reasons stated below, other than the accomplishment of contract, as foreseen clearly in law, as required to carry out legal responsibilities and to protect public health, to conduct protective physician, medical diagnosis, treatment and care services, to plan and manage the finances of medical services:

### Gathering, Processing Personal Data and Process Reasons

I was informed by reading the Clarification/Information Form for Processing Personal Data that you gathered my personal data via Call Center, internet, mobile applications, physical environments and similar channels, in verbal, written, visual or electronic form to be able to provide me a high quality service, based on the features of the provided service.

In this extent, all my primary general and private personal data, especially my personal health data that are necessary to conduct all medical diagnosis, examination, treatment and care services are listed below;

- ID information such as my name, surname, TR ID no, if I am not a Turkish citizen, my passport number or temporary TR ID no, date and place of birth, marital status, and gender, and my TR ID or Driver Licence copy that I submitted,
- Communication information such as my address, phone number, e-mail,
- Financial data such as bank account no, IBAN no,
- Health and sexual life data gathered during conducting medical diagnosis, treatment and care services such as my laboratory and image results, test results, examination data, prescription data that I submitted for the follow up of my file,
- My response and comments that I shared to evaluate your services,
- My close circuit camera system image and voice recordings gathered during my visit to your hospitals,
- My recorded phone calls gathered when I contacted your Call Center,
- My data of personal health insurance and Social Security Service data to finance and plan health services,
- My vehicle license plate data if I use the parking lot and valet services,
- Visiting information, IP address, scanning information gathered when I visit your website and use your mobile applications, and medical documents, surveys, form information and location data that I submitted of my own volition,

I was informed that my personal data stated above and my special personal data may be processed with the reasons below:

- To protect public health, to conduct protective physician, medical diagnosis, treatment and care services,
- According to the related legislation, to share the information demanded by Ministry of Health and other public institutions and organizations,
- To satisfy legal and regulative requirements,
- In regards to the financing, and meeting the expenses of tests, diagnosis and treatment, and to check condignation, to share the information demanded by private insurance companies, via your Patient Services, Financial Affairs, Marketing departments,
- To inform me about my appointment via your Call Center and Digital Channels,
- To confirm my identity via Patient Services, Health Professionals and Call Center,
- To plan and manage the internal administration of the institution via our Hospital Management,

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- To conduct analyses in order to improve the health services via Quality, Patient Experience, Information Systems,
- To provide training to your employees by Human Resources and Quality departments,
- To observe and obstruct unauthorized and abusing processes via Auditing and Information Systems departments,
- To conduct risk management and quality development activities via Quality, Patient Experience, Information Systems departments,
- To perform billing for the provided services via Patient Services, Financial Affairs, Marketing departments,
- To confirm your relation with institutions contracted with your hospital via Patient Services, Financial Affairs, Marketing departments,
- To respond to all my questions and complaints related to your health services via Hospital Management, Patient Experience, Patient Rights, Call Center departments,
- To take all the necessary technical and administrative precautions for data security of your hospital's system and applications, via Hospital Management, Information Systems departments,
- To provide campaign participation and campaign information, and to design and transmit special content, concrete and abstract profits in Web and mobile channels via Marketing, Media and Communication, Call Center departments,
- To measure, increase and investigate patient satisfaction via Hospital Management, Patient Rights, Patient Experience departments,
- To conduct training and education activities via education institutions that cooperate with the institution.

I was informed in detail that "My Personal and Special Data" stated above, will be recorded and protected in physical and electronic archives by Memorial and external service providers, in accordance with regulations and with great care.

## **Transferring Personal Data**

My personal information could be shared with the following, in accordance with No 3359 Health Services Basic Law, no 663 Statutory Decree Regarding the Organization and Duties of Ministry of Health and Its Affiliates, no 6698 Protection of Personal Data Law, Private Hospitals Legislation, Processing of Personal Medical Data and Protection of Privacy Legislation and Ministry of Health regulations and miscellaneous regulations, and with the reasons explained above;

- Ministry of Health, sub-divisions of the ministry and family practice centers,
- Private insurance companies (health, retirement, life insurance and similar),
- Social Services Institution,
- Security General Directorate and other law enforcement forces,
- General Directorate of Census,
- Turkish Pharmacists Association,
- Judicial authorities,
- For medical diagnosis and treatment, as Memorial, laboratories in Turkey and abroad that you are in cooperation with, medical centers, institutions that provide ambulance, medical device and health services,
- If I was to be transferred, with another medical institution that I was transferred to or that I've applied to,
- My legal, authorized representatives,
- Third persons that provide consultancy to you including your lawyers, tax advisers and auditors,
- Regulator and auditor institutions and official authorities,

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- Systems in the country or abroad and/or the enterprise systems that your Hospital is related to, Turkish Kidney Foundation, Istanbul Private Memorial Hizmet Hospital Ahmet Ermiş Dialysis Center Financial Aff. Memorial Diagnosis and Treatment Services Co., IMH Medical Services Cleaning Management Consulting Security Syst. Construction Ind. and External Trade Co., Antalya Deva Private Medical Services Co., Center Farma Pharmacy Warehouse Co,
- My employer in case my invoice would be sent to my employer,
- Your suppliers, support service providers, archive service providers and partners that you are using their services as a company or in coordination with (for a more detailed information, I know that I may apply to your hospital in writing).

## **Method and Legal Cause of Gathering Personal Data**

I was informed that my personal data is being gathered and processed in all types of verbal, written, visual or electronic medium, with the reasons stated above, to conduct all the affairs of Memorial's activity in a legal frame, and for Memorial to be able to perform all its contractual and legal responsibilities fully and as is due.

The legal reason for gathering my hereby personal data;

- No 6698 Protection of Personal Data Law,
- No 3359 Health Services Basic Law,
- No 663 Statutory Decree Regarding the Organization and Duties of Ministry of Health and Its Affiliates,
- Private Hospitals Legislation,
- Processing of Personal Medical Data and Protection of Privacy Legislation,
- Ministry of Health regulations and miscellaneous regulations.

Also, as stated in Article 6 Clause 3 of the Law, personal data concerning health and sexual life can only be processed without my open consent by people or authorized institutions and organizations with confidentiality obligation to protect public health, to perform medical diagnosis, treatment and care services, planning and managing medical services and their financing.

## **Your Rights Regarding Personal Data Protection**

According to the related legislation;

- To learn if the personal data was processed,
- To follow up the information if the personal data was processed,
- To access and request personal medical data,
- To learn the reason for processing the personal data and if they are being used according to that reason,
- To know the third parties in the country or abroad to which the personal data was transferred,
- To request the correction of personal data if the personal data was processed incomplete or wrong,
- To request to erase or destroy the personal data,
- To request the notification to third parties to which the personal data was transferred in case the personal data was processed incomplete or wrong and you request the correction and/or erasure or destruction of these personal data,
- To object to a result that could be to the detriment to you by the process of data exclusively by automatic systems,
- To demand the compensation of damages if the illegal process of personal data would cause any damages.

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By filling the "**Application Form Regarding Protection of Personal Data Law**" in "www.memorial.com.tr" website, I know that I can;

- Personally deliver my legal requests to Kaptanpaşa Mahallesi Halit Ziya Türkkan Sok Famas Plaza C Blok Şişli/İstanbul address,
- send them via a Notary,
- or I can send it via a recorded e-mail address or an e-mail address recorded in your system, as secured e-mail or with mobile signature to the [istanbulmemorial@hs02.kep.tr](mailto:istanbulmemorial@hs02.kep.tr) address.

I EXPLICITLY CONSENT THAT I have read and understood the Clarification/Information Form for Processing Personal Data prepared by Istanbul Memorial Health Investments Co. ("Memorial"), that I was informed about the reasons for processing my personal data given in detail at Clarification/Information Form for Processing Personal Data, the institutions, organizations, companies and medical professionals whom it was transferred to, their gathering methods and legal reasons, my rights in regards to protecting personal data, and my rights for data protections and application, the protection, processing and transfer of my personal data given in detail at the Clarification/Information Form for Processing Personal Data as necessitated by reasons stated below, other than the accomplishment of contract, as foreseen clearly in law, as required to carry out legal responsibilities and to protect public health, to conduct protective physician, medical diagnosis, treatment and care services, to plan and manage the finances of medical services.

\*In accordance with the Patient Right Regulation, one copy of this form will be given to you. State it if the form is not given to you.

## CONSENT

**Please write, "I understood what I read" with your own handwriting:**.....

**Patient Name and Surname**..... **Signature:**.....**Date:** ...../...../.....**Hour:**.....

**Patient Relative Name and Surname:**..... **Signature:**.....**Date:** ...../...../.....**Hour:**.....

**Degree of Relation:** .....

**Patient Relative Name and Surname:**..... **Signature:**.....**Date:** ...../...../.....**Hour:**.....

**Degree of Relation:** .....

## The Reason for Taking the Consent from the Patient Relative:

- The patient has not passed the age of 18 (signature is taken from both parents –mother and father. However, in case of divorced parents, the signature is taken from the parent who has the custody of the child)
- Patient has mental incapacity /decision making incapacity (Signature is taken from the legal guardian or legal representative)
- Patient is unconscious.

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## INTERPRETER (If the patient has a language / communication problem)

In my opinion, the information I translated is understood by the patient/patient's relative.

**Interpreter Name and Surname:**..... **Signature:**.....**Date:** ...../...../..... **Hour:**.....