

Patient information

Dear patient,

You are currently receiving medical care for the purpose of diagnosis and/or treatment at So Guapa – by Ingrid. Within the scope of your healthcare/treatment/procedure, patient data must be collected in order for us to give you the best possible service.

Your consent is entirely voluntary. If you do not wish to participate, or if at a later time you wish to withdraw your consent, you will not suffer from any reprisal.

If you do not fully agree with the type and long-term nature of use described below, or if your questions have not all been answered to your satisfaction, then you should not give your consent.

1. Patient data and sensitive data

Patient data comprise all information about your person used during your medical examination(s) and treatment(s). Examples of patient data include, but are not limited to: data from doctor's letters/notes, your health records, and results, findings and data from medical examinations, such as blood pressure measurements or X-ray images; also included are the results of laboratory tests, including tests of genetic material if necessary. Our goal is to ensure that your data is always protected and cannot be transferred to unauthorized third parties unless with your prior consent.

Patient data includes but is not limited to the following:

1.	1 <i>den</i>	tification	detail	s
----	--------------	------------	--------	---

- 2. Mobile or Telephone Number and Email
- Residential address
- 4. List of allergies and previous procedures
- 5. Age, Nationality and Gender
- 6. Medical History

_	4	T T
/.	Appointment	History

0			
8.			

Your consent to the collection of patient data [is valid for five years from the date you give consent, unless you withdraw it before this period has elapsed (see below).

This means that during this five year-period So Guapa by Ingrid may, with prior notice, collect further data without you having to sign a new consent form. If you continue to remain a patient of So Guapa after five years, we will ask you to give your consent again.



2. What does your right of withdrawal include?

Your consent is entirely voluntary.

You can withdraw your consent in whole or in part to the further collection of your patient data at any time without giving reasons and without any reprisal.

In case of withdrawal, your patient data stored on the basis of your consent will be deleted, where this is legally and technologically permissible.

You can also withdraw individual parts of the consent declaration, for example, if you wish to continue to make the patient data available for research but have no interest in renewed contact for the purposes of subsequent collection of further data or participation in other studies.

If you wish to withdraw your consent, please contact us at: ingridterapeuta@gmail.com

3. Further information and rights

The legal basis for processing your personal data is your consent (Article 9 (2) (a) and Article 6 (1) (a) of the EU General Data Protection Regulation.

The data controller responsible for data processing for your patient data is So Guapa by Ingrid.

The data protection officer at this institution can be contacted at <u>ingridterapeuta@gmail.com</u>.

It is possible for you to lodge a complaint with any data protection supervisory authority. The supervisory authority in Malta is the IDPC (Information Office and Data Protection Commissioner.)

In addition, you have the right to access your patient data (including, upon request, the provision of a copy of the data free of charge) and, where applicable, to require that these data be rectified, or deleted, or that processing be restricted.

You also have the right to receive your personal data which you have provided in a standardized electronic format or to have it transmitted to another data controller designated by you.

4. Patient declaration

Therefore, and after <i>reading</i> all the above-mentioned paragraphs, I the undersigned, give	e my
consent for So Guapa by Ingrid to collect, retain and store my patient data for the same clir	iic to
provide me its service.	

Date:	
-------	--

Name and surname:

ID Card/passport number:

Signature: