

EXPRESS CONSENT FORM ON THE PROCESSING OF PERSONAL DATA

Your personal data, which is detailed in the Clarification/Information on the Processing of Personal Data by Op. Dr. Sultan YALÇIN MUAYENEHANESİ, is required for the performance of the contract, clearly stipulated in the law, mandatory for us to fulfill our legal obligations, and the protection of public health, preventive medicine, medical diagnosis, treatment and care services, except for the cases where it is processed and transferred to the extent necessary for the planning and management of health services and its financing; We request your explicit consent regarding the following matters;

Collection, Processing and Processing Purposes of Personal Data

In order to provide us with high standards of service, I have been informed by reading the General Information on Protection and Processing of Personal Data that you have obtained my personal data verbally, in writing, visually or electronically from our switchboard, internet, mobile applications, physical places and similar channels depending on the quality of the service provided. .

In this context, the main general and special personal data obtained, especially my personal health data, which are necessary for the execution of all medical diagnosis, examination, treatment and care services and obtained for this purpose, are listed below;

- My identity data such as my name, surname, TR identity number, passport number if I am a Turkish citizen, or temporary Turkish identity number, place and date of birth, gender information, and a photocopy of the Turkish Identity Card or Driver's License I have submitted,
- My contact data such as my address, phone number, e-mail address,
- My financial data such as my bank account number, IBAN number,
- Health and sexual life data obtained during the execution of medical diagnosis, treatment and care services such as my laboratory and imaging results, test results, examination data, prescription information, which I have submitted in order to be followed in my file,
- Replies and comments I shared with the aim of evaluating your services,
- My closed-circuit camera system video and audio recording taken during my visit to your practice,
- My data on private health insurance and Social Security Institution data for the purpose of financing and planning health services,
- My navigation information, IP address, browser information, and medical documents, surveys, form information and location data that I transmit with my own consent, obtained during the use of your website and mobile application.

I have been informed that my personal data listed above and my personal data of special nature can be processed for the following purposes;

- Protection of public health, preventive medicine, medical diagnosis, treatment and care services,
- Sharing the requested information with the Ministry of Health and other public institutions and organizations in accordance with the relevant legislation,
- Fulfilling legal and regulatory requirements,
- Financing of my health services, meeting your examination, diagnosis and treatment expenses by the Patient Services, Financial Affairs, Marketing departments, sharing the information requested with private insurance companies within the scope of plausibility inquiries,
- To be informed about my appointment through your switchboard,

- Analysis and image acquisition by the Quality, Patient Experience, Information Systems departments for the purpose of improving health services.
- Providing training to your employees by our relevant units,
- Invoicing for your services by the Patient Services, Financial Affairs, Marketing departments,
- Confirming my relationship with the institutions contracted with our practice, being able to answer all my questions and complaints regarding the health services given or to be provided to me by our practice,
- Taking all necessary technical and administrative measures within the scope of data security of your hospital's systems and applications by our practice,
- Participation in campaigns and providing campaign information by our practice, designing and transmitting special content, tangible and intangible benefits on web and mobile channels,
- Measuring, increasing and researching patient satisfaction by our practice,
- In order to carry out education and training activities by the educational institutions with which our practice cooperates.

I have been informed in detail that my "Personal and Private Data" mentioned above can be kept in physical and electronic archives within the body of our practice or external service providers, with great care and compliance with the provisions of the legislation.

Transfer of Personal Data

My personal data, Health Services Basic Law No. 3359, Decree Law No. 663 on the Organization and Duties of the Ministry of Health and its Affiliates, Law on the Protection of Personal Data No. 6698, Regulation on Private Hospitals, Regulation on the Processing and Privacy of Personal Health Data, and regulations of the Ministry of Health. within the framework of the provisions of the legislation and for the purposes described above;

- With the Ministry of Health, its sub-units and family medicine centers,
- Private insurance companies (health, pension, life insurance, etc.),
- With the Social Security Institution,
- With the General Directorate of Security and other law enforcement agencies,
- With the General Directorate of Population,
- With the Turkish Pharmacists Association,
- With judicial authorities,
- Laboratories, medical centers, ambulances, medical devices and institutions providing health services in the country or abroad with which you cooperate as our practice for medical diagnosis and treatment,
- In case of referral, with another health institution to which I was referred or to which I applied myself,
- With the legal representatives I have authorized,
- With the third parties you consult, including the lawyers, tax consultants and auditors you work with,
- With regulatory and supervisory institutions and official authorities,

- In case my billing will be made to the employer, with my employer for this purpose,
- It can be shared with the suppliers, support service providers, archive service providers and business partners whose services you benefit from or cooperate with as a practice .

Method and Legal Reason for Personal Data Collection

That my personal data is collected and processed in all kinds of verbal, written, visual or electronic media in order to carry out all kinds of work within the scope of the above-mentioned purposes and the scope of activity of our practice, and in this context, in order for our practice to fully and properly fulfill its contractual and legal obligations. I was informed. These persons are the legal reason for the collection of my data;

- Law No. 6698 on the Protection of Personal Data,
- Health Services Basic Law No. 3359,
- Decree Law No. 663 on the Organization and Duties of the Ministry of Health and its Affiliates,
- Private Hospitals Regulation,
- Regulation on the Processing of Personal Health Data and Protection of Privacy,
- Regulations of the Ministry of Health and other legislative provisions.

In addition, as stated in paragraph 3 of Article 6 of the Law, personal data related to health and sexual life can only be kept confidential for the purposes of protecting public health, preventive medicine, medical diagnosis, treatment and care services, planning and management of health services and financing. I know that it can be processed without my express consent by persons or authorized institutions and organizations under the obligation.

Your Rights Regarding the Protection of Personal Data

In accordance with the law and relevant legislation;

- Learning whether my personal data is processed,
- If my personal data has been processed, requesting information about it,
- Accessing and requesting my personal health data,
- To learn the purpose of processing my personal data and whether they are used in accordance with the purpose,
- Knowing the third parties to whom my personal data is transferred, in the country or abroad,
- Requesting correction of my personal data if it is incomplete or incorrectly processed,
- Requesting the deletion or destruction of my personal data,
- Requesting notification of the third parties to whom my personal data has been transferred, regarding the correction of my personal data and/or the deletion or destruction of my personal data in case of incomplete or incorrect processing of my personal data,
- Objecting to the emergence of a result against myself by analyzing my processed data exclusively through automated systems,
- I have been informed that I have the right to demand the compensation of the damage in case I suffer a loss due to the unlawful processing of my personal data. By filling out the "Application Form in accordance with the Law on the Protection of Personal Data";

- Fener Mah. Tekelioglu Cad. No:35/5 Muratpaşa/ANTALYA address personally,
- I can send it through a notary public,
- I know that I can send it to sultan.yalcin1@hs01.kep.tr with a secure electronic or mobile signature, via my registered e-mail address or my registered e-mail address in your system. Kiss. Dr. Protection and Processing of Personal Data prepared by Sultan YALÇIN Clinic

I have read and understood the General Lighting text,

Protection and Processing of Personal Data.

My Personal and Private Data; Personal Data shall be processed and transferred to the extent necessary for the purposes of performance of the contract, clearly stipulated in the law, mandatory for our practice to fulfill its legal obligations and for the purposes of protecting public health, performing preventive medicine, medical diagnosis, treatment and care services, planning and managing health services and financing. Preservation and Processing It is stored, processed and transferred in accordance with the issues specified in the General Illumination text,

I AGREE WITH MY EXPRESS CONSENT.

In accordance with the Patient Rights Regulation; 1 copy of the form will be given to you. Notify when the form is not given to you.

CONSENT

Write "I understood what I read" in your own handwriting :

Patient Name and Surname Signature:..... Date:/...../.....Time:.....

Patient Relative Name Surname:.....Signature:.....Date:/...../.....Time:.....

The degree of proximity:

Reason for Obtaining Consent from Patient's Relatives:

- The patient has not reached the age of 19 (Signature is taken from both parents - mother and father. However, if the divorced family is divorced, the signature is taken from the parent who has custody)
- Does not have the power to appeal / does not have the ability to make decisions (signature from his guardian or legal representative)
- Unconscious

TRANSLATOR (If the patient has a Language / Communication Problem)

In my opinion, the information I translated was understood by the patient/patient relative. Translator;

Name Surname:..... Signature:Date:/...../..... Time:.....