

## **EXPRESS CONSENT FORM ON THE PROCESSING OF PERSONAL DATA**

Güvenç Private Health and Social Facilities Trade Inc. ("Private Rami Hospital"), your personal data, which is detailed in the Clarification/Information on the Processing of Personal Data, is required for the performance of the contract, clearly stipulated in the law, mandatory for us to fulfill our legal obligations, and protection of public health, preventive medicine, medical diagnosis, treatment and except in cases where it is processed and transferred to the extent necessary for the purpose of carrying out care services, 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 me with high standards of service, I collect my personal data depending on the nature of the service provided.

I have been informed by reading the Clarification/Information about the Processing of Personal Data that you have obtained verbally, in writing, visually or electronically from the Call Center, internet, mobile applications, physical places and similar channels.

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 TR identity number, place and date of birth, marital status, gender information, and
- Photocopy of TR Identity Card or Driver's License,
- My contact data such as my address, telephone 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 hospitals,
- Voice call recordings kept if I contact your Call Center,
- My data on private health insurance and Social Security Institution data for the purpose of financing and planning health services,
- If I use the parking lot and valet service, my license plate efficiency,
- 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 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 the plausibility query,
- To be informed about my appointment through your Call Center and Digital Channels,
- Confirmation of my identity by the Patient Services, Health Professionals and Call Center departments,
- Planning and managing the internal functioning of the institution by the Hospital Management,
- Analysis by the Quality, Patient Experience, Information Systems departments for the purpose of improving health services,
- Training your employees by the Human Resources and Quality departments,
- Monitoring and preventing abuse and unauthorized transactions by the Audit and Information Systems departments,
- Carrying out risk management and quality improvement activities by the Quality, Patient Experience, Information Systems departments,
- Invoicing for your services by the Patient Services, Financial Affairs, Marketing departments,
- With the institutions that have an agreement with your hospital by the Patient Services, Financial Affairs, Marketing departments.
- confirmation of my relationship,
- To be able to answer all my questions and complaints regarding the health services given or to be provided to me by the Hospital Management, Patient Experience, Patient Rights, Call Center departments,
- Taking all necessary technical and administrative measures within the scope of data security of your hospital's systems and applications by the Hospital Management and Information Systems departments,
- Participation in campaigns and providing campaign information by the Marketing, Media and Communication, Call Center departments, designing and transmitting special content, tangible and intangible benefits on web and mobile channels,
- Measuring, increasing and researching patient satisfaction by the Hospital Management, Patient Rights, Patient Experience departments,
- In order to carry out education and training activities by the educational institutions with which the institution 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 Private Rami Hospital and 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 No. 6698 on the Protection of Personal Data, Regulation on Private Hospitals, Regulation on the Processing and Privacy of Personal Health Data and regulations of the Ministry of Health and other within the framework of the provisions of the legislation and for the purposes described above;

- With the Ministry of Health, sub-units and family medicine centers affiliated to the ministry,
  - 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 that you cooperate with as Private Rami Hospital for medical diagnosis and treatment,
  - In case of being referred, with another health institution to which I was referred or to which I applied myself,
  - With the legal representatives I have authorized,
  - Counseling, including lawyers, tax advisers and auditors you work with with third parties,
  - With regulatory and supervisory institutions and official authorities,
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- Systems within the country or abroad and/or the group of companies that your Hospital is affiliated with.
  - In case my billing will be made to the employer, with my employer for this purpose,
  - It may be shared with the suppliers, support service providers, archive service providers and business partners whose services you benefit from or cooperate with as a company (I know that I can obtain information by applying to our hospital in writing for more detailed information).

## Method and Legal Reason for Personal Data Collection

To ensure that my personal data can be carried out in all kinds of verbal, written, visual or electronic media, within the legal framework for the purposes stated above and the scope of activity of Private Rami Hospital, and in this context, Private Rami Hospital fulfills its contractual and legal obligations fully and duly. I have been informed that it is being collected and processed so that it can perform.

The legal reason for the collection of my data of these persons;

- Law on Protection of Personal Data No. 6698,
- 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,
- Ministry of Health regulations and other legislation 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 explicit 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 or not,
- 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 Pursuant to the Law on the Protection of Personal Data](#)" on the website "[www.ramihastanesi.com](http://www.ramihastanesi.com)";

- Cuma Mah. Talimhane Cad. No:13 Rami, Eyüpsultan, 34055 Eyüp/İstanbul,
- I can send it through a notary public,
- I know that I can send it to [guvencozelsaglik@hs01.kep.tr](mailto:guvencozelsaglik@hs01.kep.tr) with secure electronic or mobile signature, through my registered e-mail address or my registered e-mail address in your system.

Güvenç Private Health and Social Facilities Trade Inc. **About the Processing of Personal Data** prepared by ("Private Rami Hospital")

I have read and understood the **Illumination/Information** text,

I have been informed about the purposes of processing my personal data, the institution, organization, company and health professionals to which it is transferred, the methods of collection and legal reasons, my rights to protect my personal data, data security and my right to apply, which are detailed in the **Clarification/Information on the Processing of Personal Data**,

My Personal and Private Data; Processing and transferring as necessary for the purposes of performance of the contract, clearly stipulated in the law, being mandatory for Private Rami Hospital to fulfill its legal obligations, protecting public health, conducting preventive medicine, medical diagnosis, treatment and care services, planning and management of health services and financing Keeping, processing and transferring Personal Data in accordance with the issues specified in the **Clarification/Information text about the Processing of Personal Data**,

**I AGREE WITH MY EXPRESS CONSENT.**

*\*As per 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:

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

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

The degree of proximity: .....

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 is obtained from his guardian or legal representative)
- unconscious

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

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

Translator's Name and Surname:..... Signature:..... Date: ...../...../..... Time:.....