

PATIENT REGISTRATION FORM

Kod materiału

PATIENT DATA (fill in capital letters)																
1. First name						2. Surname										
3. Date of birth			4. Gender		5. PESEL number											
___ - ___ - _____			M / K													
6. Phone number																
7. E-mail address																
8. Address of residence																

* The provision of personal data and consent to its processing is voluntary but necessary for the purpose of carrying out the blood collection service and validating laboratory results on the collected blood.

* I declare that I have provided all information as required by law and fact.

.....
 Date and legible patient's signature

CONDITIONS

- Consent to the terms of service and privacy policy (mandatory)

- Consent to preventive action regulations (mandatory)

- Consent to the processing of personal data for the purpose of providing a service (mandatory)

I agree to the processing of personal data contained in the registration form by House-Med Sp. z o. o. (Administrator) with the headquarters in Kraków, 30-172 , at the address: Kuklińskiego 17A Street, NIP: 6751403730, registered by the District Court for the City of Cracow, XI Economic Department of the National Court Register under the number KRS 0000315649, processing of the data is necessary for the purposes resulting from legally justified interests pursued by the Administrator, i.e. providing the service of taking material for laboratory tests and marking the test results. The Administrator informs about the necessity of transferring the personal data to the network of Diagnostyka Laboratories sp. z o.o. with the headquarters in Kraków 31- 864, Prof. Michał Życzkowski Street 16. The necessity of transferring the data results from the laboratory's obligation to mark the results of your tests. You have the right to cancel your consent at any time. Your personal data will be processed until your consent is revoked. Your personal data may be entrusted to entities providing maintenance services for the IT system in which they are processed. You have the right to lodge a complaint with the data protection supervisory authority if you consider that the processing of your data does not comply with current data protection legislation. In case of data protection, you can contact the Administrator of Personal Data using the following email address: pomoc@upacjenta.pl

- Consent to the processing of personal data for the purpose of sending information on promotions and news

I agree to the processing of my personal data given in the above form for commercial and marketing purposes. The administrator of your data will be House-Med Sp. z o.o. with its registered office in Krakow at 17A Kuklińskiego Street, 30-720 Krakow. Your personal data is collected for the purpose of sending information concerning preventive health care and related information. Providing personal data is voluntary, but necessary to provide the service. You have the right to access the content of your data, correct it, transfer it, as well as the right to be forgotten (data deletion). You have the right to cancel your consent at any time. Your personal data will be processed until your consent is revoked. Your personal data may be entrusted to entities providing maintenance services for the IT system in which they are processed. You have the right to lodge a complaint with the data protection supervisory authority if you consider that the processing of your data does not comply with the current legislation on personal data protection. In case of data protection, you can contact the Administrator of Personal Data using the following email address: pomoc@upacjenta.pl

- Consent to use the image

I agree to the free use of photographs and recordings containing my image recorded during preventive laboratory tests organized by House-Med sp. z o.o. by placing them: on the website www.upacjenta.pl and subpages; in social media (Facebook, Instagram); in offers addressed to companies; in company presentations; in the company guide. You can cancel your consent at any time by sending a message to the following email address: pomoc@upacjenta.pl

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Date and legible patient's signature