

DATA RECONCILIATION FORM

PERSONAL DATA REQUIRED FOR MEDICAL DOCUMENTATION:

Created ID Nr.:	_____
Name:	_____
Mother's name:	_____
Address:	_____
Place of birth:	_____
Date of birth:	_____
Social Security Number:	_____ (for Hungarian citizens)
Type of ID:	_____ (foreign citizens)
Registration number of ID:	_____ (foreign citizens)

CONTACT DETAILS

<input type="checkbox"/>	E-mail:	_____
<input type="checkbox"/>	Phone / mobile:	_____
<input type="checkbox"/>	Business e-mail:	_____ (only for Occupational Health Examination)

Please check the box for the preferred mode of receiving your documents and test findings constituting medical information (if they are issued at a later date):

- ☐ I will collect them in person and only require notification about completion of the document
- ☐ An authorized representative will collect them, and I only require notification about completion of the document
- ☐ I will download them in electronic form from online customer service page, should this download be not available please send it attached to a password protected e-mail.

With your consent, Buda Health Center will send you newsletters to the email address provided by you with specialised materials and information documents related to the healthcare services provided by Buda Health Center.

Get first hand information about our promotions, news and prevention advices! Subscribe to our newsletter!

- ☐ I consent to receiving electronic newsletters from Buda Health Center to the email address provided by me. This consent is valid until withdrawal.



Date:

SIGNATURE

INFORMATION NOTICE - PROCESSING OF PERSONAL DATA

DATA CONTROLLER	DATA PROTECTION OFFICERS
Budai Egészségközpont Zrt. (BHC) Represented by: Dr. Csernavölgyi István - chief executive officer	Dr. Kéri Ádám, Dr. Kéri Szonja, Dr. Kéri Tamás Main contact: Dr. Kéri Ádám
1126 Budapest, Királyhágó u. 1-3.	1537 Budapest, Pf.442.
Cg.: 01-10-141707 www.bhc.hu dpo@bhc.hu	adam.keri.office@icloud.com

LEGAL BASIS OF PROCESSING

The legal basis for data processing is **compliance with legal obligation** (e.g.: documentation requirements, contact data) and in some cases the **performance of a contract** regarding health care services (asking for a quotation, making an appointment before the examination). In some emergency cases, the legal basis is **vital interest** (emergency contacts).

Legal basis for **newsletter** is your **consent**.

What satisfaction surveys are concerned, the legal basis is the **legitimate interest** of the service provider and clients. The legitimate interest is the provision of quality health care services, and the identification and remedy of quality problems.

Processing of special categories of personal data is relying on Art.9 (2)(h), which is medical exception.

RIGHTS OF DATA SUBJECTS

You are entitled to the following rights: right to information, right of access (including the right to a copy), right to portability (if the legal basis is consent or contract), right to rectification and erasure, right to restriction of processing, right to object and the right to legal remedy. The Hungarian Data Protection Authority can be reached here: (Nemzeti Adatvédelmi és Információszabadság Hatóság, 1363 Budapest, Pf.9., www.naih.hu, ugyfelszolgalat@naih.hu). You are also entitled to turn to the competent court.

Please **read our detailed data protection** notice on our web page (<https://www.bhc.hu>) or **contact our data protection officer**.