

INFORMATION CONCERNING THE PROCESSING OF PERSONAL DATA IN COMPLIANCE WITH EUROPEAN LEGISLATIVE DEGREE N. 2016/679 (GENERAL DATA PROTECTION REGULATION – GDPR)

The personal information provided by you or your previously collected documents (i.e. your family doctor) will be used by the healthcare staff of the Vincieye Ophthalmology Center –in print format – exclusively to carry out care, diagnosis, rehabilitation and preventive activities, or for carrying out other related services and their respective administrative requirements, including e-mail or telephone reminders of the dates of the appointments you have booked, as well as instructions concerning procedures to be performed before you undergo a medical examination, and periodical recalls in the case of healthcare activities whose medical protocols include periodical follow-ups.

This information sheet covers the processing of all personal information derived from healthcare treatments you receive at Vincieye. Personal information includes, photographs and videos that may be filmed during clinic procedures.

Your consent in this regard is **necessary** so that Vincieye may access your information in order to carry out the required medical procedures.

In addition, with your non-mandatory consent, your e-mail address (and/or your home address) will be used to send you a digital and/or printed issue of the Vincieye newsletter, email or mail as information that contains news on the activities and services offered by the Vincieye, interviews with medical staff, nutritional advice and recommendations on preventive care for the Ophthalmologic pathologies.

Lastly, if you give your consent, your personal information may be used for:

- Sending you informational material by SMS to the mobile phone number you gave at our client service desk, by e-mail, post, telephone or other channels (such as social networks) including patient satisfaction surveys, cultural activities, prevention initiatives and information on services provided by Vincieye
- Gathering and analysing personal data concerning the quantity and periodicity of the services provided to you at Vincieye, or information disclosed by you at the Vincieye Ophthalmology Center through forms or questionnaires – in either case, such information shall not include the nature of the services provided or your health condition: examples of allowable information are identity, professional qualifications, employment and life-style. This information is gathered in order to provide a better, more personalised information service as described above.
- Scientific research related to the pathology you were treated for at Vincieye.
- The disclosure of my personal information with the purpose of a thorough and complete examination/diagnosis or surgical planning (i.e. sending clinical information to Humanitas in case a surgery is planned) of the pathology/ies for which I am being treated at Vincieye to the hospitals affiliated to Vincieye.

Your decision to give or withhold consent for each of the stated purposes shall not in any way affect any future care you may receive.

Information related to your health condition, your eventual hospitalisation may be disclosed (unless you have expressly requested anonymity) to your closest family members or other authorised persons. Except for those exceptions, your information will not be disclosed to other persons, unless it is necessary for your care and treatment, or it is required by law.

Your consent if it is necessary in order to protect a third person or the community at large, shall only be carried out with the authorization of the Privacy Warrantor.

You may at any time request to review the information collected about you and how it was acquired, verify that the information is complete, exact, up-to-date and securely stored, and fully exercise your rights, including the right to withdraw your consent to enter medical history data into your Health File; to exercise this right you can contact the Medical Director Prof Paolo Vinciguerra or Administrator Director Dr Crivellari Maria Teresa by mail pvinciguerra@vincieye.it and mtrivellari@vincieye.it.

Dir. Sanitario Prof. Paolo Vinciguerra

CONSENT FORM

I, the undersigned, having read the information above, hereby give consent to the processing of my personal data as follow:

I consent to the use of my personal information, including information of a sensitive nature, for the purposes of care, diagnosis, rehabilitation and prevention , and to be contacted via telephone or e-mail for any service <u>announcements strictly related to the execution of said activities</u> (reminders of appointment dates, preparatory procedures for medical examinations, periodic recalls for healthcare procedures that require a follow-up stage).	<input type="checkbox"/> YES <input type="checkbox"/> NO
I consent to the transcription of my personal information into a Healthcare File , which grants the attending physicians at Vincieye access to information concerning the type of care administered to the patient, thus allowing them to obtain a thorough overview of the patient's criticalities; in addition, I consent to grant the attending physicians access to medical records concerning clinical episodes, including those predating this statement of consent.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I consent to be contacted by Vincieye through SMS messages for the purposes of communications <u>strictly pertaining to therapeutic, diagnostic, rehabilitative and preventive activities</u> (reminders of appointment dates, preparatory procedures for medical examinations, periodic recalls for healthcare procedures that require a follow-up stage)).	<input type="checkbox"/> YES <input type="checkbox"/> NO
I consent to receive from Vincieye via SMS, e-mail, post, telephone or any other channels (i.e. Social Networks) informational material pertaining to patient satisfaction surveys, cultural activities, prevention, availability of new healthcare facilities, accessory and administrative services promoted by Vincieye.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I consent to data processing and analysis concerning the quantity and periodicity of the services provided to me at Vincieye or my interests, carried out on the basis of information gathered from forms or questionnaires and which shall under no circumstance be related to my health condition, for the purpose of sending me information about campaign and initiatives that better meet my requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I consent to the processing of my personal information for scientific research purposes related to the pathology I was treated for at Vincieye, and to the disclosure of my personal information for the hospitals affiliated to Vincieye for the same purposes.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I consent to the processing of my personal information with the purpose of a thorough and complete examination/diagnosis or surgical planning of the pathology/ies for which I am being treated at Vincieye, and, for the same purpose, to the disclosure my personal information for the hospitals affiliated to Vincieye.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Surname _____ Name _____

Address _____ City _____ CAP _____

Date of birth _____ Place of birth _____

E-mail _____ Phone _____

Tax Code _____ Referring Physician _____

Signature (*)

* In case of a minor, the signature of a parent or guardian is required

Dir. Sanitario Prof. Paolo Vinciguerra

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