

## Consent to the processing of personal data pursuant to art. 23, Legislative Decree no. 196 of 30 June 2003 (Personal Data Protection Code)

Messrs.,

The undersigned \_\_\_\_\_, born in \_\_\_\_\_,

on \_\_\_\_\_, residing at \_\_\_\_\_, tel. \_\_\_\_\_

in my capacity as

person concerned

Or:

as the parent or legal guardian of Mr./Ms \_\_\_\_\_

born in \_\_\_\_\_ on \_\_\_\_\_, residing at \_\_\_\_\_;

court appointed guardian of Mr./Ms. \_\_\_\_\_

born in \_\_\_\_\_ on \_\_\_\_\_, residing at \_\_\_\_\_;

having been informed of the content of the Privacy Policy pursuant to art. 13 of Legislative Decree 196/03 and about the existence, methods and purposes of the processing of the personal data, including data related to state of health and to the treatments performed by the Data Controller and having acknowledged the rights that the Law recognises in this regard,

as required and as necessary, **give my full consent** to the processing of my personal data, within the limits and for the purposes indicated in the "Purpose of the Processing" section of the Privacy Policy received, **being aware that without this consent it will not be possible to provide the requested healthcare services.**

Having noted, also, that the processed information will be kept with the maximum guarantee of confidentiality and it will not be disclosed, but only communicated, when necessary, to the subjects referred to in the "Communication of the data" section of the attached Privacy Policy.

Having also noted that providers of services, assistance and maintenance on scientific equipment and computer systems will have access to the sensitive data, for the sole purpose of guaranteeing suitable technical and online support on the same.

*gives consent*

*denies consent*

In reference to processing for statistical-epidemiological purposes with relative follow-up for statistical and scientific knowledge purposes

*gives consent*

*denies consent*

With regard to consent to processing for purposes of scientific and/or statistical research, subject to anonymisation of the personal data

*gives consent*

*denies consent*

With regard to the establishment of an electronic health dossier, i.e. to the creation of a set of different clinical events that have occurred, logically shared among the professionals of the Health Care Facility in order to offer a better care pathway

***gives consent***       ***denies consent***

As regards the inclusion in the electronic health dossier of previous clinical events and, i.e., that occurred in previous contacts with the Health Care Facility

***gives consent***       ***denies consent***

In case of already established electronic health dossier, requests that the clinical events pertaining to this hospitalisation are included in it again

***gives consent***       ***denies consent***

In reference to the consent so that the non-sensitive data supplied is used to send information and illustrative material on services and initiatives, even related to the promotion of scientific activities for social purposes, proposed by the companies belonging to Gruppo Villa Maria S.p.A. as well as by the Ettore Sansavini Health Science Foundation for scientific research, the latter involved in the field of scientific research and in particular in clinical and experimental trials related to cardiovascular, orthopaedic and neurological diseases.

***gives consent***       ***denies consent***

This information sent by mail at the expense of Gruppo Villa Maria S.p.A. or of the Ettore Sansavini Health Science Foundation for scientific research or, possibly, by email

(email address): \_\_\_\_\_ or to telephone number \_\_\_\_\_

Specifies, finally, that:

- ***he/she wishes***       ***does not wish*** for his/her stay/presence at the Facility to remain anonymous;
- the persons identified below may receive information from the staff in charge relative to the hospitalisation, to the hospitalisation ward and to the performance of the health care service:

\_\_\_\_\_ in his/her capacity as

\_\_\_\_\_  
(name and surname)

\_\_\_\_\_ in his/her capacity as

\_\_\_\_\_  
(name and surname)

- the reports of the clinical, instrumental and laboratory investigations for the safeguarding of health may be delivered to your:

General Practitioner

Primary Care Paediatrician

Best regards.

*Place and date*

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*Signature of the person concerned*

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