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Information on the processing of patient personal data in connection with the provision of health services (GDPR)

Dear client,

as a provider of health care services, I have, in accordance with the requirements of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons in connection with the processing of personal data and on the free movement of such data and on the repeal of Directive 94/46/EC (general regulation on the protection of personal data, Act No. 110/2019 Coll., on the processing of personal data, Act No. 372/2011 Coll. on health services and their provision (Act on Health Services) and Decree No. 98/2012 Coll. medical documentation in the valid wording, the legal obligation to process your personal data, of which I am also the administrator.

1. Purpose of processing

Personal data is processed mainly for the purpose of providing health care services, maintaining medical documentation and communication in connection with providing of health care and billing for unpaid health services.

2. Scope of processed data

For our purposes I need:

- a) name, or names and surnames,
- b) date of birth, social security number, if assigned,
- c) the address of the place of permanent residence in the territory of the Czech Republic, in the case of foreigners, the place of reported residence in the territory of the Czech Republic, and in the case of a person without permanent residence in the territory of the Czech Republic, the address of residence outside the territory of the Czech Republic,
- d) correspondence address, if it is not the same as the address of the place of permanent residence, and if you provide it,
- e) phone number, e-mail address, or other contact details, if you provide them to me,
- f) gender (male, female, not specified)
- g) information on the state of health, medical history (all provided data on the state of health from birth to the present time) and other data necessary for the provision of health care.

Phone number and email are optional. For the purposes of mutual communication, I would like to ask you to list them as well. Otherwise, we would only be left with the possibility of mutual correspondence.

3. Processing time

Personal data will be processed for the time necessary to fulfill the above-mentioned purpose, but at most for the time specified by the applicable legal regulations. If you are specifically interested in this, you can read more in the general terms and conditions or ask me.

4. According to the Personal Data Processing Act You have rights:

- a) To access personal data (Article 15 GDPR).
- b) To correct/update personal data (Article 16 GDPR).
- c) To delete personal data (Article 17 GDPR). This applies only to personal data that is processed for purposes other than the providing of health services. Data that is kept for the purpose of providing health services (e.g. in medical records) cannot be deleted.
- d) Limitation of processing (Article 18 GDPR). Personal data of the Client whose processing has been restricted must be marked and may not be further processed for the duration of the restriction, except for their storage.
- e) On the accuracy of personal data (Article 20 GDPR).
- f) Object at any time to the processing of personal data (Article 21 GDPR).
- g) File a complaint with the supervised authority (Article 77 GDPR).

I understand that if I do not provide my personal data to a health care provider, the provider may not provide me with these services, as this would be contrary to his/her legal obligation.

With my signature, I confirm that no pressure was exerted on me during the process of familiarizing myself with the above information, which is related to the processing of personal data and the management of medical documentation, as well as my consent to their processing, I had enough time to read everything and, if necessary, the provider ask additional questions. Furthermore, with my signature, I confirm that I understand the above, that I provide my personal data accurately and truthfully, and that I agree to their processing.

Client:

Date:

Name, surname: Signature:

Legal representative of the client (client under age 18):

Date:

Name, surname: Signature: