
	<b>ABOUT THE PROTECTION OF PERSONAL DATA INFORMED CONSENT FORM</b>				
Doküman No:YÖN.RB.212-01	Yayın Tarihi:01.11.2018	Rev.No:01	Rev.Tarihi:10.01.2020	Sayfa No:3/1	

Dear Patient, Parent / Guardian;



Cevre Health Facilities Ltd., operating at Mecidiyeköy, Cemal Sahir Sokağı No:2, 34394 Şişli/İstanbul, within the scope of the Personal Data Protection Law No. 6698 (KVKK) and the Regulation No. 29863 on the Processing and Ensuring the Privacy of Personal Health Data. Ltd. He has the title of "Data Controller". Your personal data may be obtained, recorded, stored, preserved, changed and rearranged by the above-mentioned persons with the title of "Data Controller", as explained below, wholly or partially automatic or non-automatic means as part of any data recording system. can be disclosed, transferred, taken over, made available, classified or prevented from being used, and can be processed in the ways listed in KVKK and Regulation No. 29863.

**Purposes for which Personal Data will be Processed;**

Our company processes personal data limited to the purposes and conditions within the personal data processing conditions specified in the 2nd paragraph of Article 5 and the 3rd paragraph of Article 6 of the Personal Data Protection Law No. 6698.

Our company may process personal data for the following purposes, including but not limited to:

- For the purpose of protecting public health, carrying out preventive medicine, medical diagnosis, treatment and care services, planning and management of health services and their financing.
- To organize all records and documents that will be the basis for services provided in electronic (internet/mobile etc.) or paper format,
- According to the legislation, T.R. To transfer it to the Ministry of Health and other public institutions and organizations,
- To comply with the obligations stipulated in agreements made with public and private legal entities,
- To provide other requested services,
- To fulfill the requirements of the legal relationship with the service recipient.
- Sharing all kinds of information requested by private insurance companies within the scope of financing health services.

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**To whom and for what purpose it may be transferred; To whom and for what purpose it may be transferred;**



Your personal data processed within the scope of the explained purposes; In accordance with the basic principles stipulated in KVKK and within the personal data processing conditions and purposes specified in Articles 8 and 9 of KVKK, the Ministry of Health and its sub-units, Your authorized representatives, Private insurance companies, Social Security Institution, General Directorate of Security. and other law enforcement authorities, General Directorate of Population, Turkish Pharmacists Association, Courts and all kinds of judicial authorities, central and other third parties, Lawyers, Laboratories, medical centers, ambulances, medical devices and health services with which we cooperate for medical diagnosis and treatment. institutions may be shared with our suppliers on a limited basis for the purpose of providing the Service.

**Method and Legal Reason for Collecting Personal Data**

Your personal data is collected by the Company by automatic or non-automatic methods through channels such as customer representatives, relevant websites, mobile applications, electronically through social media accounts that you allow the Company to access, and/or through the call center. The legal reason for this collected personal data; Personal Data Protection Law No. 6698, Private Hospitals Regulation, Health Services Basic Law No. 3359, Regulation on the Processing of Personal Health Data and Protection of Privacy, Ministry of Health regulations and other legislative provisions.

**By Applying to Çevre Hospital, Your Personal Data;**

- Learning whether it has been processed or not, requesting information if it has been processed,
- Learning the purpose of processing and whether it is used in accordance with its purpose,
- Knowing the third parties to whom it was transferred domestically/abroad, requesting correction if it was processed incompletely/incorrectly,
- Requesting deletion/destruction within the framework of the conditions stipulated in Article 9 of KVKK's regulation No. 7 and 29863.
- Requesting notification of the above-mentioned transactions to third parties to whom they have been transferred,
- You have the right to object to the emergence of a result against you due to analysis exclusively by automatic systems and to request compensation for the damage if you suffer damage due to unlawful processing.
  - In order to manage your applications to our company within the scope of Article 11 of the KVK Law in a healthy and fast manner, you are advised to use the "Relevant Person Information Request Application Form" document under the Personal Data Protection heading of our website, the documents/information that may be requested according to your request and the necessary documents to identify you. We recommend that it be done in person or by registered letter.

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Additionally, you can submit your request to us via [kvkkbilgi@cevrehastanesi.com.tr](mailto:kvkkbilgi@cevrehastanesi.com.tr) using the relevant person information request form as an online user (using the e-mail address previously notified to our company and registered in our company's system).

The information and explanations contained in the "Informed Consent Form for the Protection of Personal Data" will be provided to me by the Data Controller in a correct and understandable manner;

☐ Explained ☐ It is not explained

I hereby declare that the personal data belonging to me....., of whom I am the guardian/custodian, will be used and stored by Çevre Hospital in all kinds of marketing activities, information, promotions, surveys, openings, invitations, events and communication activities, unless I state otherwise, and that these applications I am expressly permitted, without any pressure, to be contacted by Çevre Hastanesi via SMS, e-mail, postal mail, telephone and any other means of communication, to me and/or to the persons I represent on behalf of whom I carry out transactions regarding the transaction.

☐ I approve ☐ I do not approve

If the "I consent" box is checked, it means that the said article is consented to. If the "I do not approve" box is checked, it means that the said article is not consented to.

Relatives to whom I Consent to the Transfer of My Personal Data;.....  
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Other Private Legal Persons to whom I Consent to the Transfer of My Personal Data My Relatives;

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.....

Patient and/or Parent/Guardian		
Name Surname :		Signature:
Date :	...../...../20.....	