

# 1 CONSENT STATEMENT FOR THE PROCESSING OF PERSONAL DATA

Name<sup>1,2</sup>.....  
 Place and date of birth<sup>1</sup>:.....  
 Address<sup>1,2</sup>.....  
 Mother's name<sup>1</sup>:.....  
 TAJ social security number<sup>1</sup> or passport number<sup>1</sup> or EU card number<sup>1</sup>:.....  
 Phone number<sup>1</sup>: ....., Email<sup>1</sup>.....

Neurology Medical Ltd. (neurology Egészségügyi Kft, 7621 Pécs Mátyás király utca 6, Hungary, Hungarian tax number: 11677439-1-02) as a data controller hereby informs you about the processing as follows:

<sup>1</sup> We will process your personal data, as well as the health data generated during the treatment, in the interests of healthcare and for the purpose of a legal obligation, in accordance with the provisions relating to the processing of health care, up to the deadline set by law. [Relevant Act XLVII of 1997 on the processing and protection of health and related personal data – in particular – § 4 and 28, Section 30 of the Act. (Registration of health and identity data)]

<sup>2</sup> We process your personal data on the basis of legal obligations for the purpose of invoice and receipt processing, in the manner and within the deadline specified in the Accounting Act. The accounting of Neurology Medical Ltd is carried out by an external partner as a data processor. [Relevant Act CXXVII of 2007 is the Act on Sales Tax (in particular with regard to the retention obligations of receipts and invoices) and 2000. C. Act on Accounting (preservation of certificates § 169)]

Detailed information on data management can be found on <https://kovacsnorbert.eu/adatkezelesi-nyilatkozat/>.

I, the undersigned, declare that the above data are true and that I have taken note of the Privacy Policy.

.....(place),.....(date) .....(signature)

## 2 DECLARATION ON THE USE AND ACCEPTANCE OF CONDITIONS FOR REMOTE CONSULTATION

I, the undersigned, ..... (name)..... (TAJ social security number) would like to see Prof. Dr. Norbert Kovács's private practice in neurology (Service provider: Neurology Medical Ltd., 7621 Pécs Mátyás király utca 6, ÁNTSZ registration number: 001007018, medical operational registration number: 62281) by using a remote consultation service.

I note that, due to the nature of the remote consultation, it offers a certain degree more limited opportunities than a personal examination. For this reason, some information, physical signs and symptoms or diseases may remain hidden during the remote consultation, the knowledge of which may be an important factor in the diagnosis and care of the patient.

By signing, I hereby certify that I would like to use the remote consultation service by accepting the detailed limitations set out above. I undertake to transfer the fee to Neurology Kft's bank account against a pro forma invoice and/or invoice.

.....(place),.....(date) .....(signature)

## 3 AUTHORIZATION TO VIEW THE DATA CONTAINED IN THE EESZT SYSTEM

I, the undersigned, ..... (name)..... (TAJ social security number) hereby authorize Prof. Dr. Norbert Kovács (medical operational registration number: 62281) a doctor to learn and process my health and personal data for my healthcare treatment, even contrary to my declaration in the self-determination register through the Electronic Health Service Space (EESZT) system. This authorization shall be granted from the signature until the date of the remote consultation to be used until it has been completed.

.....(place),.....(date) .....(signature)

The completion and signature of declarations 1 and 2 shall be mandatory for the use of the remote consultation. Declaration No 3 is optional. Thank you!