CONSENT TO THE PROCESSING OF PERSONAL DATA

Request for results to be sent by e-mail for the purpose of informing the patient about her health

I request that the lab from the AeskuLab Group, contact address Evropská 2589/33b, 160 00 Prague 6, send the laboratory results of the tests for which I have made an appointment to the e-mail address I have provided.
I am aware that the result will be password protected to enhance the security of my personal data and this password will be sent to the mobile phone number I have provided.
I am aware that the laboratory is not responsible for any possible misuse of my personal data resulting from the e-mailing of results.

Patient

Name and surname: _____

Date of birth: _____

Insured's number: _____

Permanent residence: _____

E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Phone: +
_____ / _____
(area code) *(phone number)*

Consent to the processing of personal data:
I acknowledge that personal data may be processed in this context, and therefore, for cases where this is required by law (in particular Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR) or Act No. 110/2019 Sb., on personal data processing), I freely give my consent to the processing of personal data provided in this context.
I acknowledge that personal data is processed for the purpose of providing health care and related services in accordance with the valid and effective legislation of the Czech Republic.

For more information, see https://www.aeskulab.cz/gdpr/

Signed at ..... on this day ..... _____
Signature

Signed at ..... on this day ..... _____
Signature of lab employee