Annex No. 1

to Paid Dental Services Contract No. _____ dated _____ ____, 20__

CUSTOMER'S CONSENT

for Processing of Personal Data, Including, Special Categories of the Personal Data (Health Data)

I,

_____
(last name, first name, middle name, passport data, address)

hereby grant my consent for _____ to process my personal data, my child's personal data[1]
(company name, address)

_____
(last name, first name, middle name in full, passport information (birth certificate data, address)

The personal data and health data can be processed for medical and prevention purposes.

Processing of health data for the scientific, research and academic purposes as well as for the purposes of promoting the dental services of the clinic, including publishing and further use of images, results of photo and video shooting of the treatment process, shall be allowed only provided that such data are depersonalized.

In the process of provision of medical services by the clinic to me, I grant the medical employees the right to provide data on my health and on the health of my child to other Clinic officials in the interests of my examination and treatment as well as to insurance companies for the purpose of conducting an expert review with respect to the quality of the medical assistance provided and payment therefor.

I grant the Clinic the right to conduct any and all actions (surgeries) with data on my health or on the health of my child, including to collect, systematize, accumulate, store, update, change, use and depersonalize such data for the scientific, academic or statistical purposes as well as to block and destroy such data.

I confirm that I give my consent to transfer, upon my request, any medical information (cone beam computed tomography (CBCT) findings, an extract from medical records, findings of examinations, laboratory findings, and any other possible medical documentation related to my health or my child's health) in an electronic format via electronic mail (through open Internet channels). I have been informed that any transfer of the above information through insecure communications channels (Internet) may lead to emergence and realization of security threats (disclosure, integrity damaging or accessibility failure) in respect of these data.

The period of time during which my personal data or the personal data of my child can be stored and the term of this Consent shall correspond to the period of storage of primary medical documents and shall constitute 25 years.

My personal data shall be provided to other persons not listed in this Consent or otherwise disclosed only subject to my written consent.

I hereby retain the right to revoke this Consent by way of drawing up a respective written document which can be sent by me to the address of the Clinic by registered mail with notification of receipt or handed in personally to the Clinic representative against their signature. I understand that according to Clause 2, Article 9 of Federal Law No. 152 "On Personal Data" the Clinic shall be entitled to continue processing the data on my health or on the health of my child for medical and prevention purposes even if I revoke this Consent.

I understand that in cases stipulated in Clause 4, Article 13 of Federal Law No. 323 "On the Basics of Protecting the Health of Citizens of the Russian Federation" the data on my health and on the health of my child that are privileged can be transferred to other healthcare organizations, investigation authorities, court, prosecution, sanitary and epidemiological control agencies, military registration and enlistment offices, custody and guardianship agencies and other state authorities without my consent, if this is allowed for by the federal law.

Signature of the personal data owner _____

Consent date _____

According to Subclause 5, Part 1, Article 6 of Federal Law No. 152 "On Personal Data", consent of the Customer for the processing of **general** personal data (full name, contacts, passport data) shall not be required, if such processing is conducted only in the framework of the medical service contract.

_____

[1] To be filled out when the contract is signed to the benefit of a third party - when the Customer and the Patient are different persons