MT
OSTEOPATH D.O.

Privacy policy and request for consent to process personal data in accordance with art.13 and 23 D.Lgs.196/2003 (General Data Protection Regulation).

(PLEASE FILL IN THE FORM IN CAPITAL LETTERS)

The undersigned Mr/Mrs _____

Place of birth _____ Date of birth ____/____/_____

Address _____ ZIP code _____ Town _____ Country _____

Phone number _____ e-mail _____

Allergies _____

Prothesis _____

Here below identified with the term "subject" in accordance with Letter "i" art.4 D.Lgs. 196/2003 that is "natural person, legal entity, organization or association who personal data refer to".

GIVEN THAT

1) The above mentioned D.Lgs 196/2003 provides for a series of obligations for those who process personal data (collecting, recording, processing) relating to other "subjects".

2) In accordance with art. 23 ("consent") D.Lgs. 196/2003, the processing of personal data by private individuals is allowed only with express consent freely given by the data "subject" with specific reference to an identified treatment as well as documented in writing and preceded by the privacy policy.

3) I declare to have been informed in advance of the following:

a) The processing of my personal data - identification data - sensitive data that "Marco Tosetto" holds or I will be asked for or I or a third party will comunicate to "Marco Tosetto", is/will be processed for the following purposes:

- to comply with applicable administrative, accounting, and tax regulations.;

- legal obligation.

b) On the occation of these data processing "Marco Tosetto" might become aware of data that D.Lgs. 196/2003 defines "sensitive" as suitable to reveal for example the state of health;

c) Data processing will take place with manual and automated systems designed to store, manage and transmit the data in a strict manner related to the purposes themselves based on the data held by "Marco Tosetto".

I declare that I undertake to promptly notify "Marco Tosetto" of any corrections, additions and/or updating of the data.

Date ____/____/_____   Signature _____