

# PATIENT INFORMATION CONSENT DOCUMENT ABOUT THE PROTECTION OF PERSONAL DATA (KVKK)

**BARKOD** 



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My Nova Oral and Dental Health Polyclinic has the title of "Data Controller" within the scope of the Personal Data Protection Law No. 6698 (KVKK) and the Regulation on Personal Health Data.

Your personal data will be recorded, stored and updated as explained below by our institutions that have the title of "Data

Controller"; In cases where the legislation or agreements allow and/or require third parties (relatives of the service recipient and/or public and/or private law legal entities of which the service recipient is an employee/insured, other public and/or private law legal entities, other public and/or private law legal entities, as per the legislation to which our companies are subject). may be disclosed, transferred, classified, and processed in the ways listed in the KVKK and the Regulation on Personal Health Data.

### Purpose and legal reasons for processing Personal Data;

- To use it in examination, diagnosis, treatment, post-treatment patient follow-up and promotional services that can be offered to the service area.
- To organize all records and documents that will be the basis for services provided electronically (internet / mobile, etc.) or on paper,
- 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.
- Your information can be collected verbally, in writing or electronically through methods such as our website, our service regarding Online Transactions on our website, our call center service, and physical applications you have made to our hospitals.

## Your personal data from My Nova Oral and Dental Health Polyclinic;

- Learning the purpose of processing and whether it is used in accordance with its purpose,
- Knowing the third parties to whom it is transferred domestically/abroad, requesting correction if it is incomplete/inaccurate,
- Requesting deletion/destruction within the framework of the conditions stipulated in Article 7 of KVKK and Article 14 of the Regulation on Personal Health Data,
- Requesting information about personal data if it has been processed and requesting compensation for the damage if you suffer damage due to unlawful processing.
- · Requesting notification of the above-mentioned transactions to third parties to whom they have been transferred,
- You have the right to object to a result that is unfavorable to you due to analysis exclusively by automated systems.

#### **Patient's Informed Consent;**

The information in the "Patient Information and Consent Document on the Protection of Personal Data" was explained to me accurately and understandably. I understand the information and explanations provided and the rights granted to me in the Personal Data Protection Law No. 6698 and the Regulation on Personal Health Data.

## **Patient's consent information**

I have permission to send SMS / E-mail, to call by phone, to process data, to share data with foreign companies and sub-companies, and to share ETK (Law on the Regulation of Electronic Commerce).

I Approve (Patient/Patient Relative);		I do not approve	I do not approve (Patient/Patient Relative);	
Name and surname:		Name and surnan	Name and surname:	
Passport ID No	:	Passport ID No	:	
Date Signature	:	Date Signature	:	

**TRANSLATOR:** I translated and conveyed the above-mentioned issues to the patient/relatives in the best way I could.

Translator Name and Surname: Signature :