

OP.DR. GOKCEN AYYILDIZ

**DATA OWNER APPLICATION/REQUEST FORM ON THE PROTECTION OF PERSONAL DATA
INFORMATION AND CONSENT TEXT ON PERSONAL DATA**

As Op.Dr.Gokcen Ayyildiz I may need to have access to your personal information and health data in order to provide services to you, and to record and store such data on the condition that the data remain within the bounds required by the service I shall provide.

Your health data, which I need to record in order to provide healthcare services to you, is recognized as personal data of special nature by Law. Within this scope, Article 6 § 2 of Law No. 6698 on the Protection of Personal Data prescribes "***It is prohibited to process the personal data of special nature without explicit consent of the data subject***" putting forth that personal health data may only be recorded through the explicit signed consent of the concerned person under this provision, except for the conditions specified in related legislation, whereby the requirement to get your consent arises.

A. INFORMATION TEXT

- I. This consent covers your personal data that you offer at our practice in oral, written, visual or electronic forms along with those you submit to us through the Internet and mobile applications or electronically or those obtained at our practice (laboratory results, prescription, photograph, video, camera recording, etc.).
- II. In this sense the following data, particularly your personal health data, which are required for the services we will provide for you and obtained to this end, are regarded as personal data: your identity data like your first, middle and last names, TR identity number, (your passport number or temporary TR identity number if you are not a Turkish citizen), date and place of birth, marital status, sex/gender and various identity documents; your contact data like your address, telephone number and electronic mail address; your financial data like your bank account number, IBAN number; data on your health status and sexual life collected at the time of medical diagnosis, treatment and provision of healthcare services like your medical history in your clinical life, information on your disease history, examination data, data on the procedures you received, prescription information, your photographs, all sorts of images, your audio/visual recordings, your laboratory and imaging results, your test results; your private health insurance data, and your Social Security Institution data, etc.
- III. Your personal data will only be stored to the extent the healthcare service provided to you requires within the framework of Law No. 6698 on the Protection of Personal Data and the related legislation and will be preserved in our system/archive "***...for no longer than is required for the purpose for which those data are stored.***" Your data processed within this scope will be protected as professional secret and their confidentiality will be guaranteed and will not be shared with any third party, including third persons, institutions, and organizations.
- IV. Yet it is crucial for us to remind you that competent authorities may need to be notified of your personal data, solely limited to the intended purpose of the notification and in due measure, in

I HAVE READ AND UNDERSTOOD THE INFORMATION ON THIS PAGE.

SIGNATURE:

cases where the privacy of personal medical records require restriction in order to protect public health as exemplified by Article 58 of Law No. 1593 on Public Health which prescribes the obligation to notify competent authorities of any contagious diseases, or in cases where law requires notification of criminal offenses to competent authorities.

- V. Incoming requests by public institutions, judicial authorities and other official bodies to submit your data shall be assessed in terms of the purpose of the request, whether the requested data and the intended purpose match, whether the request was based on material grounds, whether the only way to achieve the stated purpose was to submit your data without anonymization, whether submission of data was necessary in a democratic society, and those data submission requests that do not meet all these factors will not be complied with.
- VI. You do have the following rights pertaining to the data recorded by us, particularly under the provisions of the Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data (Council of Europe Treaty No. 108), Article 8 of the European Convention on Human Rights, Article 20 of the Constitution, and Law No. 6698 on the Protection of Personal Data:
- To learn whether your personal data were processed along with the scope of your processed data,
 - To obtain information if your personal data were processed, to access such data and take samples from these,
 - To learn about the purpose of processing your personal data and whether they were used relevant to the purpose; to learn whether your data were transferred to a third person or institution at home or abroad; to ask for the submission of updated information in your personal data with the persons or institutions your data had been shared with,
 - To ask for corrections in cases where your personal data were deficiently or wrongfully processed, (*Information about exercising this right by placing a request through applying to our practice located at in person or in writing, or through emailing us at from the personal email address of the below-mentioned data subject has been offered.*)
 - To ask for hiding, deleting/erasing or terminating some of your data
 - To review the Personal Data Processing Inventory and Personal Data Storage and Destruction Policy in order to learn what data is collected by you for what purpose, how long it is stored, to whom it is transferred, how it is deleted / destroyed, and how it is protected.

B. DECLARATION OF CONSENT

I, hereby, **ACCEPT WITH MY EXPLICIT CONSENT** that I have read and understood the **Information and Consent Text on Personal Data** drafted by Op.Dr. Gokcen Ayyildiz. and was offered oral information about the subject,

That I have been informed about the purposes of processing of my personal data, data collection methods and legal grounds, my rights for the protection of my personal data, the obligatory cases in which my data could be transferred, data security and my rights of application that are offered in detail in the Information and Consent Text on the Personal Data,

That all my personal data, including my health data, to be recorded, stored and shared under compulsory circumstances by Op.Dr.Gokcen Ayyildiz and their employees within the framework of the above-mentioned principles,

Additionally, that my data may be shared by my physician with their colleagues for consultation as my medical diagnosis and treatment may require or with product supply corporations when a special product needs to be purchased for me having been limited for the intended purpose only,

Further, that Op.Dr.Gokcen Ayyildiz and their employees may contact me by mobile devices (my phone number:), through the Internet (my email address:) or by regular mail (my address.....).

**You may ask to have a copy of the form as per Patients' Rights Regulation.*

Patient Name, Last Name:	
Date:/...../.....	Hour:
Signature:	
Please write in your own handwriting "I have read and understood the text":	
.....	

<u>In cases where the patient is a minor or unconscious:</u>	
Patient's Relative Name, Last Name:	
Date:/...../.....	Hour:
Signature:	
Degree of Relation:	
Please write in your own handwriting "I have read and understood the text":	
.....	

TRANSLATOR / INTERPRETER (If the Patient Has a Language/Communication Problem)

To the best of my knowledge, the information I have translated/interpreted has been understood by the patient/patient's relative.

Translator's/Interpreter's Name, Last Name:.....

Date:/...../..... **Hour:**.....

Signature: