

DL 196 - 30.06.2003 art. 7 & art. 13  
CONSENT TO HANDLING OF PERSONAL AND SENSITIVE DATA

Aventino Medical Group - via S. Alberto Magno 5 - 00153 Roma (Italy)

PRINT IN BLOCK LETTERS

M

I the undersigned

F

First name

Last name

born in (city, country) \_\_\_\_\_ on (date) \_\_\_\_\_

codice fiscale (Italian Social Security #) \_\_\_\_\_

address Via \_\_\_\_\_ Zip code \_\_\_\_\_ Town \_\_\_\_\_

phone: home \_\_\_\_\_ office \_\_\_\_\_ mobile \_\_\_\_\_

e-mail address: \_\_\_\_\_

occupation \_\_\_\_\_ Fax # \_\_\_\_\_

Yes

medical insurance

No

which one?

if Van Breda, card # is: \_\_\_\_\_

the name of doctor \_\_\_\_\_ was given to me by \_\_\_\_\_

I have been informed:

1. That my personal data are being gathered in order to aid the physician in promoting my health by prevention, diagnosis, therapy, and rehabilitation;
2. That in the course of my health care some of my personal data may be communicated to other physicians both within and outside the Aventino Medical Group, laboratories, pharmacists, hospitals, and accountants conducting their professional activities;
3. That I have the right to access my personal data and to update, modify, add to, or cancel them; I understand these data will not be used for the sending of promotional materials;
4. That the name of the physician responsible for the handling of my personal data is Dr. \_\_\_\_\_.

I express my consent to the handling of my personal and sensitive data, solely for diagnostic and therapeutic purposes, by the physicians of the Aventino Medical Group.

Signature \_\_\_\_\_ Date \_\_\_\_\_