



INFORMED CONSENT TO PROCESS PERSONAL DATA BY NV AGOKO

 **With this form, NV Agoko**, with its registered office at Edgar Tinelstraat 70 in 9112 Sinaai and with company number 0568524522, **requests your permission to process personal data** in the context of the second opinion you requested via the biopsy.me website.

After all, in accordance with Articles 6 and 9 of Regulation (EU) 2016/676 on the protection of personal data, NV Agoko may not legitimately perform data processing for the purposes mentioned below without your permission.

 **The purposes for which we process your personal data, if you agree, are the following:**

- pass on the result of the second opinion to the treating physician, who you indicate below. Without a permission, only the patient and, if applicable, his representative will be informed of the result of the second opinion and the attending physician may not have all the relevant data to continue the treatment;
- pass on the result of the second opinion to the doctor specialist in the pathological anatomy that the original analysis of the sample has performed and which you indicate below. Without a permission, this doctor specialist in the pathological anatomy is not informed of whether his original analysis of the sample was correct or wrong according to the second opinion;
- pass on the result of the second opinion to the third party you indicate below. NV Agoko may not inform this third party without permission;
- send newsletters and updates on the operation and projects of biopsy.me and NV Agoko to you. Without your permission, NV Agoko will not keep you informed of any new projects that may also be of interest to you in the future..

 **For these purposes, NV Agoko wishes in particular to process the following personal data:** general personal data (name, address, date of birth, gender, national register number, telephone number, e-mail) of the patient and, if applicable, the representative as well as personal data concerning health of the patient (such as eg scanned medical data and the scans themselves, the data contained in medical imaging and the medical imaging itself, diagnoses and medical precursors).


We received these personal data :


- Through you (patient or his representative);
- at a later stage possibly via the attending physician or the doctor specialist in the pathological anatomy that carried out the original analysis of the sample.

If the patient is represented, the representative commits himself:


- to involve the patient in the exercise of his rights as much as possible and in relation to his / her understanding;

- inform the patient, after signing this informed consent form, as far as possible about his / her rights, as described in this form and in the privacy statement. If applicable, the representative will inform the patient of this at the moment that the patient's ability to understand this allows (eg when the minor patient turns 16, when a comatose patient awakens, during the healing of a severely mentally ill patient, etc.).

 **All personal data will always be processed under the responsibility of Agoko NV**, who can be reached at +32 (0) 497 100969 or at the e-mail address patientservice@agoko.be.

 **NV Agoko explicitly refers to the Privacy Statement**, which you find attached to this document, to provide you with correct and clear information about the rights concerning the processing of personal data. NV Agoko therefore explicitly requests that you carefully review this Privacy Statement so that you can consent to the processing of the personal data in an informed manner.

- If you agree that NV Agoko processes personal data for the purposes described in this form, we request you to complete and sign the declaration of consent below.
- If you do not want NV Agoko to process personal data for the purposes described in this form, you may of course also refuse to give your consent without having to state a reason for doing so.
- If you have given your permission, but subsequently change your mind, you will also be able to withdraw your consent by notifying Gert Van den Eynden, via the e-mail address patientservice@agoko.be, without having to supply a reason. If you withdraw your consent, NV Agoko will not use the personal data for the purposes described in this form for which you withdraw your consent. However, the revocation does not affect the legality of the data processing that took place prior to the withdrawal of your consent or of data processing that may be carried out without your permission or with which you still agree.
- If you decide to refuse or withdraw your consent, this will not entail any disadvantage for all services that NV Agoko can offer you without your explicit permission to do so.

 **If you indicate below that you only wish to receive the second opinion yourself, then NV Agoko strongly recommends that you discuss the second opinion with your attending physician.** After all, the chance is real that you will not correctly interpret the second opinion report. NV Agoko therefore strongly recommends to make sure that you check below that the second opinion can also be sent to your doctor. At least, NV Agoko recommends that you thoroughly discuss the results of the investigation with your attending physician before drawing any conclusions.

I, the undersigned,

Name/Surname _____ Date of Birth _____

Street _____ Number _____ box _____

Postal code _____ City _____

Telephone _____

E-mail _____

hereby request (mark your choice) ***in my own name*** ***in the name of the patient, and more specifically in the capacity of:***

- parent / guardian (if the patient is a minor). In this case, you must provide a copy of the identity card of the minor, an extract from the national register stating parenthood or a certificate of residence (indicating parenthood). If you act as a guardian, you must provide a copy of the court's decision in which you were appointed as guardian.
- administrator over the person. In this case, you must bring the court's decision in which you were appointed as administrator.
- the representative appointed by the patient. In this case, you must submit the written mandate signed by the patient.
- by Article 14, §3 of the Law of 22 August 2002 on the rights of the patient appointed representative, more specifically:
 - cohabiting spouse;
 - legally or factually cohabiting partner;
 - legal aged child;
 - parent;
 - legal aged brother or sister.

In this case, you must submit a statement from the attending physician confirming that the patient is unable to exercise his rights and that you are acting as the patient's representative.

a second opinion of the biopsy from:

Name/Surname patient _____ Date of Birth _____
Street _____ Number _____ box _____
Postal code _____ City _____
Telephone _____
E-mail _____

that can be requested by Agoko NV from:

Name/Surname doctor _____
Date biopsy _____
Institution _____
Street _____ Number _____ box _____
Postal code _____ City _____
Telephone _____

and I grant Agoko NV to process: (mark your choice)

- my personal data;
 the patients personal data;

in the manner and under the modalities as described in this form and in the privacy statement for the following purposes: (mark your choice)

- passing on the result of the second opinion to the treating physician, namely:

Name/Surname _____ Date of Birth _____
Street _____ Number _____ box _____
Postal code _____ City _____
Telephone _____
E-mail _____

passing on the result of the second opinion to the physician-specialist in the pathological anatomy that carried out the original analysis of the sample, namely:

Name/Surname _____ Date of Birth _____

Street _____ Number _____ box _____

Postal code _____ City _____

Telephone _____

E-mail _____

passing on the result of the second opinion to a third party, namely:

Name/Surname _____ Date of Birth _____

Street _____ Number _____ box _____

Postal code _____ City _____

Telephone _____

E-mail _____

passing on the result of the second opinion to myself, namely:

Name/Surname _____ Date of Birth _____

Street _____ Number _____ box _____

Postal code _____ City _____

Telephone _____

E-mail _____

sending newsletters and updates to me about the operation and projects of biopsy.me and NV Agoko.

Concluded in _____ originals, at _____ on date ____/____/____

The undersigned acknowledges the receipt of 1 original.

Name + Surname + Signature