

3. The processing of your Personal Data for medical training, research and education, profiling, historical or scientific purpose, as well as to generate statistical data relevant to the Hospital's operations in order to aid the Hospital's management team, board of directors and shareholders to review and analyze data relating to the Hospital's operations and financial performance.

You also warrant that, before providing us with the Personal Data of your next of kin/legal representative, you have obtained their consent to: (a) you collecting their Personal Data; (b) you sharing the same with the Hospital and the Hospital Related Entities and the third parties that the Hospital Related Entities are dealing with as provided above; and (c) the processing of their Personal Data by the Hospital, the Hospital Related Entities and third parties as provided herein, and for the purposes stated herein.

The Personal Data you provide will be retained by the Hospital as prescribed by the law, or as long as necessary for the purpose of maintaining your medical records and to comply with applicable laws, rules, and regulations.

You and your next of kin/legal representative are entitled to certain rights in relation to the Personal Data that may be collected from you and your next of kin/legal representative, including the right to access, correction, and to object to the processing of the same. A more detailed description of your rights under the Philippine Data Privacy Act of 2012, and its implementing rules and regulations may be accessed and downloaded at <https://privacy.gov.ph>.

You may consult the Hospital's Data Protection Officer at dataprivacy@makatimed.net.ph or the National Privacy Commission at <https://privacy.gov.ph> for any privacy concern regarding your personal data.

ACKNOWLEDGEMENT:

I hereby confirm that I understand the foregoing and that I am voluntarily giving my consent to the processing of my Personal Data under the terms and conditions provided above.

Furthermore, I understand that:

- The consent I am giving through this form is in addition to any other consent that I may give/have given Makati Medical Center regarding the use of my personal data (e.g. in relation to medical treatment or procedure).
- The consent will remain in full force until I revoke it in writing.
- I give my consent to Makati Medical Center to use my photo and personal data for the production of my MakatiMed Patient Identification (ID) Card.

Yes No

Patient's Signature above Printed Name
(Thumbmark if unable to sign)

Date (MMM/DD/YYYY)

Time (0000H)

IF PATIENT IS A MINOR OR INCAPABLE TO GIVE CONSENT

Legal Representative
Signature above Printed Name
(Thumbmark if unable to sign)

Relationship to Patient

Date
(MMM/DD/YYYY)

Time
(0000H)

Reason why Patient cannot accomplish form

Paalala: Tawagin ang pansin ng klerk o empleyado ng Makati Medical Center kung hindi nakakaunawa ng Ingles.