



SANATORIO OTAMENDI
MIROLI S.A.

MEDICAL CONSENT

Admission date

I hereby authorize Doctor..... and/or the doctors who are part of his team and/or the doctors selected by him, in order to perform the following proceedings to myself:.....

I authorize the professionals named before to perform any other diagnostic or therapeutic proceeding which they deem convenient, including the administration of anesthesia, transfusion of blood and/or its components. I place on record that the disease I suffer and the treatment to which I will be submitted have been explained to me. I have taken detailed knowledge of each of the possible direct and indirect risks that may arise as a consequence of the treatment and/or surgery mentioned. I have been informed that it is not possible to guarantee the recovery or result of the treatment and/or surgery I will be submitted to, hereby assuming and agreeing, in case they arise, their emerging consequences, either immediate or mediate. I authorize in-house doctors of the Institution and the general doctor to assist me in cases of emergency which involve a medical act, agreeing also and eventually to the consultation and/or intervention of other doctors of other areas which may become necessary to call.

I hereby authorize, to which I am affiliated, to request a photocopy of my medical history for the effects it may deem necessary.

CONSENT FOR THE STORAGE, PROCESSING AND TRANSFER OF PERSONAL DATA.

I hereby acknowledge that, pursuant to section 8 of Personal Data Protection Act No. 25,326, public or private health facilities and the professionals related to the health sciences may gather and treat the personal data related to the physical or mental health of the patients who attend them or who are or have been under their treatment, respecting the principles of professional secrecy. In accordance with the aforementioned Personal Data Protection Act, I authorize Sanatorio Otamendi Miroli S.A. to process and or transfer to third parties, by electronic means or not, my personal data and/or the personal data of the person I am responsible for and/or the personal I represent, including the data considered sensitive by this legislation, which may be gathered by virtue of the medical treatments performed in this institution. The processing and transfer hereby authorized include the gathering, assembly, storage, conservation, modification, relationship, assessment, transfer, blockage and destruction. The third parties hereby authorized for the transfer of the data include the funders of the Health System and those required by legal obligation. The holders of the data may exercise their right to rectify, upload and suppress the personal data that may have been gathered and are a part of our data base. **The holder of the personal data has the power to exercise the right of access to such data free within intervals shorter than six months, except a legitimate interest under section 4, subsection 3 of Personal Data Protection Act is proven. The NATIONAL AGENCY OF PERSONAL DATA PROTECTION, which is the supervisory body under the Personal Data Protection Act, may address the complaints and claims filed in relation to the breach of the rules on the protection of personal data.**

Signature of the patient

Name

Signature of the doctor

Name

In case the patient cannot sign, please clarify the cause:

Signature of the accompanying party

Name

