



This document includes the following types of consents and statements:

**CONSENT TO THE PROCESSING OF PERSONAL DATA AND INFORMATION CLASSIFIED AS MEDICAL SECRECY,  
CONSENT TO DISCLOSURE OF INFORMATION CONSTITUTING MEDICAL SECRECY TO THIRD PARTIES,  
CONSENT TO REGISTRATION IN THE LOYALTY PROGRAM**

I AM A PATIENT, \_\_\_\_\_  
(Full name)  
citizen of \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ date of birth: \_\_\_\_\_  
(country)  
place of birth: \_\_\_\_\_  
passport: \_\_\_\_\_ issue by: \_\_\_\_\_  
(batch and number) (when and by whom)  
department code: \_\_\_\_\_  
registered at: \_\_\_\_\_  
(registration address specified in the passport)  
actually residing at: \_\_\_\_\_  
(actual residence address)  
contact numbers: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(include your mobile number and email address)  
insurance number of the individual ledger account: \_\_\_\_\_

**or legal representative of the patient (hereinafter referred to as the Patient Representative):**

I AM THE PATIENT REPRESENTATIVE, \_\_\_\_\_  
(Full name)  
date of birth: \_\_\_\_\_ place of birth: \_\_\_\_\_  
passport: \_\_\_\_\_ issue by: \_\_\_\_\_  
(batch and number) (when and by whom)  
department code: \_\_\_\_\_  
registered at: \_\_\_\_\_  
(registration address specified in the passport)  
contact numbers: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(specify as many contact numbers as possible: home, cell, work, etc., including area code)

based on: \_\_\_\_\_  
(degree of kinship and/or document confirming custody/guardianship/adoption of the Patient, details of the power of attorney or other document confirming the patient's representative)  
representing the Patient's interests: \_\_\_\_\_  
(full patient name)  
citizen of \_\_\_\_\_ Sex (M/F): \_\_\_\_\_  
(country) date of birth: \_\_\_\_\_  
place of birth: \_\_\_\_\_  
passport: \_\_\_\_\_ issue by: \_\_\_\_\_  
(batch and number) (when and by whom)  
department code: \_\_\_\_\_  
registered at: \_\_\_\_\_  
(registration address specified in the passport)  
actually residing at: \_\_\_\_\_  
(actual residence address)

**SECTION 1: CONSENT TO THE PROCESSING OF PERSONAL DATA AND INFORMATION CLASSIFIED AS MEDICAL CONFIDENTIALITY**

- ☐ In accordance with the Federal Law of 27.07.2006 No. 152-FZ "On Personal Data," **by my will and in my interest (in the interests of the person represented), I hereby confirm my consent to the processing of my personal data (personal data of the Patient) by the following Operators:**
- ☐ **Joint-stock company "Medsi Group of Companies" (JSC "Medsi Group of Companies")**, OGRN 5067746338732, TIN 7710641442, address (location): RF, 123056, Moscow, Gruzinsky Pereulok, 3 A. License for medical activities No. \_\_\_\_\_ from \_\_\_\_\_
- ☐ **Medsi 2 Joint Stock Company (Medsi 2 JSC)**, OGRN 1037704021992, TIN 7704261185, address (location): 7 Bolshaya Pirogovskaya, Moscow, 119021, Russia. Medical License No. \_\_\_\_\_ from \_\_\_\_\_
- hereinafter collectively referred to as the Operators.

I confirm my agreement that the processing of my personal data and information classified as medical confidentiality is carried out for medical and preventive purposes, in order to establish a medical diagnosis, provide medical and medical and social services, keep records and systematize the services provided, in order to fulfill the terms of contracts for attracting clients, as well as in order to improve the quality of patient care and conduct marketing programs, statistical research.

I am familiar with the fact that the processing of my personal data (including in the information systems of Operators, but not limited to: "Media Directory," "Infoclinica," "Smartmed," "Microsoft Dynamics CRM, Microsoft BI, as well as using telemedicine technologies) relating to my state of health is necessary to protect my life, health or other vital interests (life, health, vital interests of the patient), or the life, health or other vital interests of others, as well as for the purpose of providing additional medical and other services by companies, included in Medsi Group of Companies JSC and/or Medsi 2 JSC, as well as medical institutions-co-executors in the provision of services through direct contacts with a potential consumer using communication means (by e-mail (e-mail), sms (sms-messages), telephone).

I consent to the processing of the following personal data: full name, gender and date of birth, address of residence, identity document data, marital status, family composition, social status, education, profession, place of work, contact(f) telephone number (s), email address (e-mail), details of the compulsory health insurance policy (CHI),

voluntary medical insurance (VHI), insurance number of an individual personal account in the Pension Fund of Russia (SNILS), including I consent to the processing of a special category of personal data (data on the state of health and diagnosis, diseases, cases of seeking medical help and other information obtained during medical examination and treatment) - for medical and preventive purposes, in order to establish a medical diagnosis, provide medical services, medical examination and treatment, including compliance with the requirements of the Operator of the current legislation of the Russian Federation on the procedure for organizing a document management system in the field of health protection in terms of maintaining medical records in the field of electronic documents, which includes the formation, signing and storage of medical documents, their registration in the unified state information system in the field of healthcare (EGHIS), providing access, as well as in order to improve the quality of patient care and conduct marketing programs, statistical research.

In order to improve the quality of services, conduct statistical studies and marketing programs, including in connection with measures to collect debts on the fact of medical services provided, I also give my consent to receive information about the services of Medsi Group of Companies JSC and/or Medsi 2 JSC in the form of sms-messages, by e-mail (email) and phone to the phone number and email address I provided above. I confirm that the mobile phone number I have provided in this consent is true and belongs to me on the basis of the contract for the provision of communication services (subscriber), and the email address is registered in my name and belongs to me (used by me).

List of actions with personal data for which the Patient's consent is given, general description of processing methods used by Operators: 1) receipt, input, collection, systematization, accumulation of personal data by Operators, as well as from third parties; 2) storage, deletion of personal data (in electronic form and on paper); 3) clarification (update, change) of personal data; 4) use of the Patient's personal data in connection with the services provided; 5) transfer of personal data of the subject (Patient) in the manner prescribed by the legislation of the Russian Federation via the internal network of Medsi Group of Companies JSC and/or Medsi 2 JSC and persons belonging to Medsi Group of Companies JSC and/or Medsi 2 JSC, including subsidiaries and affiliates of Medsi Group of Companies JSC and/or Medsi 2 JSC, as well as via secure communication channels. (on machine media) to other persons who process personal data on behalf of the Operators, if processing is entrusted to such persons. Name and address of persons processing personal data on behalf of Operators:; LLC "Medsi St. Petersburg," TIN 7826117076, 191025, St. Petersburg, st. Marata, 6; Medsi-Perm LLC, TIN 5902038996, 614990, Perm Territory, Perm, ul. Petropavlovskaya, d. 43/1, 2nd floor, room 27; JSC "Medsi- Zdorovye," 123056, Moscow, Gruzinsky pereulok, 3A, TIN 7710703674; PJSC "Mobile TeleSystems" (PJSC "MTS"), 109147, Moscow, ul. Marxistskaya, 4, TIN 7740000076; LLC "Post Modern Technology," 117571, Moscow, Vernadsky Avenue, 105, building 2, office 91, TIN 7729387775; LLC "EsTuS Next," 123557, Moscow, st. Presnensky Val, 27, p. 8, TIN 7703818219; LLC "Manzana," 105082, Moscow, st. Friedrich Engels, 75, bld. 5, TIN 7701932396; NVision Group JSC, 127055, Moscow, 29 Novoslobodskaya str., 24, TIN 7703282175; OOO Smart Delta Systems, 119517, Moscow, 13 Nezhinskaya str., ABVG, INN 7729391997; LLC "Medsi Digital," 143409, Moscow region, Krasnogorsk, st. Uspenskaya, 5, |. 20, TIN 5024183673; LLC Medsi-Izhevsk, 426011, Udmurt Republic, Izhevsk, st. Karl Marx, d. 453A, floor 2, office 213 TIN 1831195583; LLC "Medsi-Nizhny," 607061, Nizhny Novgorod region, G.O. Vyksa city, Vyksa, st. Kutuzov, zd. 38, room 42, TIN 5247056213; LLC "Medsi - Volgograd," 400117, Volgograd region, Volgograd, b-r of the 30th anniversary of the Victory, 43, TIN 3443925716; Medsi-Ufa LLC, 450092, Republic of Bashkortostan, Ufa, ul. Aurora, TIN 0278058204; Department of Health of the City of Moscow, 127006, Moscow, Oruzheiny Lane, 43, TIN 7707089084; Ministry of Health of the Moscow Region, 143407, Moscow Region, Krasnogorsk, Stroiteley Boulevard, 1, TIN 5000001162; Federal Service for Supervision of Consumer Rights Protection and Human Welfare, 18 Vadkovsky Lane, Building 5 and 7, INN 7707515984, Moscow, 127994; LLC KDL Domodedovo-Test, 142001, Moscow Region, Domodedovo, ul. Kashirskoye Shosse (Northern District), 7, office 515, TIN 5009046778; LLC Laboratory Gemotest, 107045, Moscow, Rozhdestvensky Boulevard, 21, bld. 2, TIN 7709383571; LLC "NPF" HELIX, "194044 St. Petersburg, Bolshoy Sampsonievsky prospect, 20, lit. A, TIN 7802122535; FBUN Central Research Institute of Epidemiology of Rosпотребнадзор, 111123, Moscow, ul. Novogireevskaya, 3A, TIN 7720024671; LLC Laboratory Litekh, 107023, Moscow, M. Semenovskaya, 3A, building 2, TIN 7718844243; OOO SISTEMA-BIOTECH, 29 Gagarinsky lane, Moscow, 119034, room I, TIN 7704428807; LLC Vkontakto, 191024, St. Petersburg, Khersonskaya St., 12-14, letter A, room 1-N, TIN 7842349892; LLC "VK," Moscow, 125167, Leninsky prospekt, 39, p. 79, TIN 7743001840; Data Center M100 LLC, 117587, Russia, Moscow, ext. Municipal district Chertanovo Severnoye, Varshavskoe sh., 125, bldg. 18a, TIN 7726598070; LLC "Johnson & Johnson," 121614, Moscow, st. Krylatskaya, 17, bldg.2, TIN 7725216105; Federal State Autonomous Educational Institution of Higher Education "Russian National. Research Medical University named after N.I. Pirogov "Ministry of Health of the Russian Federation, 117513 Moscow, Ostrovityanova St., 1, p. 6, TIN 7728095113;

6) blocking; 7) destruction

Operators are also entitled to process my personal data by entering them into an electronic database, inclusion in lists (registers) and reporting forms provided for by documents regulating the provision of reporting data (documents). Operators have the right, in fulfillment of their obligations under the compulsory medical insurance agreement, under the voluntary medical insurance agreement, to exchange (receive and transfer) my personal data with an insurance medical organization.

I agree to the processing of my personal data during the entire term of the Contract concluded with the Operators, and upon its expiration - within the period established by the legislation of the Russian Federation.

I have been notified that I may at any time withdraw my consent to the processing of personal data (including my consent to receive information about services by e-mail, sms, telephone) by submitting a written application to the Operators, as well as gain access to my personal data when personally contacting the Operators on the basis of a written request.

I confirm that I have read and understood the following rights: 1) to receive information about the Operators, about their location, about the presence of personal data related to my personal data by the Operators, as well as to familiarize myself with such personal data; 2) require Operators to clarify their personal data, block or destroy them if the personal data are incomplete, outdated, inaccurate, illegally obtained or are not necessary for the stated purpose of processing, as well as to take measures provided for by law to protect their rights; 3) to receive information regarding the processing of their personal data when contacting the Operators with a request.

I am familiar with the fact that I have the right to receive, when making a written request, information regarding the processing of personal data, including: 1) confirmation of the fact of processing of personal data by Operators, as well as the purpose of processing; 2) personal data processing methods used by the Operators; 3) information about persons who have access to personal data or who may be granted such access; 4) the list of processed personal data and the source of their receipt; 5) terms of personal data processing, including terms of their storage; 6) information on what consequences the processing of personal data may entail.

I am familiar with the fact that when processing personal data, Operators are obliged to take the necessary organizational and technical measures to protect personal data from illegal or accidental access to them, destruction, modification, blocking, copying, distribution of personal data, as well as from other illegal actions.

**Patient/Patient Representative:** \_\_\_\_\_

/signature of Patient/Patient Representative, full name/

Date «\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_.

## SECTION 2: CONSENT TO DISCLOSURE OF INFORMATION CONSTITUTING MEDICAL CONFIDENTIALITY TO THIRD PARTIES

Guided by **Part 3 of Art. 13 and paragraph 5 of Part 5 of Art. 19 of the Federal Law of 21.11.2011 No. 323-FZ "On the Basics of Health Protection of Citizens in the Russian Federation,"** I hereby declare my consent to the disclosure by the Joint-Stock Company "Medsi Group of Companies," Joint-Stock Company "Medsi 2" (hereinafter referred to as "Medical Organizations") information that constitutes a medical secret in relation to myself or to a person whose legal representative I am, including data on the state of health and diagnosis, diseases, cases of seeking medical help and other information, and also allow Medical Organizations to provide (transfer) of medical records related to the state of my health or the health of the person whose legal representative I am, including but not limited to copies of the medical record, medical history statement, etc., to the following persons:

/ Full name of the citizen, name of the legal entity to which information about the state of health is transmitted, medical documentation, contact phone/

Provision (transfer) of information constituting a medical secret to third parties is carried out in accordance with the procedure and terms in accordance with the current legislation of the Russian Federation.

**Patient/Patient Representative:** \_\_\_\_\_

/signature of Patient/Patient Representative, full name/

Date «\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_.

## SECTION 3: CONSENT TO REGISTRATION IN THE LOYALTY PROGRAM

I agree to become a Member of the # NaZdorovye Loyalty Program (hereinafter referred to as the Programs) on the terms set forth in the # NaZdorovye Loyalty Program Rules (hereinafter referred to as the Rules) posted on the website of Medsi Group of Companies JSC at the address: www.meds.ru. I am familiar with the Rules, fully agree with them and undertake to comply with them, and also agree with all the latest changes and additions to these Rules, which will be published on the Contractor's website.

YES, I agree to become a Member	NO, I do not agree to become a Member
_____ / to note /	_____ / to note /

**Patient/Patient Representative:** \_\_\_\_\_

/signature of Patient/Patient Representative, full name/

Date «\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_.

## SECTION 4 APPOINTMENT NOTIFICATION

to note:

answerphone

☐ SMS notification

☐ Notification in the mobile application SmartMed

☐ Do not send

**Patient/Patient Representative:** \_\_\_\_\_

/signature of Patient/Patient Representative, full name/

Date «\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_.

**SECTION 5**

**CONSENT TO RECEIVE NOTIFICATIONS VIA TELEGRAM/WHATSAPP MESSENGER <sup>1</sup>**

In order to improve the quality of service, marketing programs, I hereby agree to receive notifications about the services of Operators through my Telegram\WhatsApp Messenger

☐

Allow

☐

Do not allow

Patient/Patient Representative: \_\_\_\_\_  
/signature of Patient/Patient Representative, full name/

Date « \_\_\_\_\_ » \_\_\_\_\_ 20\_\_\_\_.

<sup>1</sup> Telegram/WhatsApp communication application