

DECLARATION OF CONSENT TO THE PROCESSING OF HEALTH DATA ("HEALTH DATA")

I, _____ born in _____ on _____

Tax Code

having acknowledged:

- (i) the above PRIVACY POLICY (pages 1-4) and the rights recognized to the same therein, including the right to withdraw consent;
- (ii) that in order to meet the requests for Services Fanimar needs to collect and process the Health Data it receives when the case history questionnaire, attached to the application form, is completed;
- (iii) that for the correct and legal processing of the Health Data, my express consent is required and that if I refuse to give such consent, Fanimar cannot process my data and will consequently be unable to provide the Service;

hereby expressly authorize Fanimar, as Data Controller, to process my Health Data in order to allow the same to provide the Services.

_____, __/__/____

(Signed by)