

Annex No. 1
to the Paid Service Offer Agreement
(including medical services under the terms and conditions
of health-improving and health resort treatment)
at LLC Olginka
dated _____, 20 ____

**Consent to Personal Data Processing and Transfer
of Confidential Medical Information**

I, _____,
(full name)

date of birth _____ registered at:

(address of registration at place of residence)

currently residing at:

(address of residence)

identity document:

(description of identity document, series, number,

date of issue and issuing authority)

SNILS (Personal Insurance Policy Number)

(to be filled if the owner of personal data has SNILS details)

pursuant to the requirements of Article 9 of Federal Law No. 152-FZ of July 27, 2006 “On Personal Data”, and Federal Law No. 323-FZ of November 21, 2011 “On Basics of Health Protection of the Citizens in the Russian Federation”, herewith give my consent to data processing to Limited Liability Company Olginka located at: 65, Zarechnaya st., Aksay, Rostov region, Russia.

This consent is specific, informed and voluntary.

The purpose of personal data processing is to perform the Agreement. Personal data may be used for other purposes if it is prescribed by the provisions of the legislation of the Russian Federation.

The list of my personal data the processing of which is covered by this consent: Surname, First Name, Patronymic, day, month and year and place of birth, nationality, address of residence, biometric and passport data, profession, place of work, e-mail address, telephone number, details of compulsory health insurance policy (voluntary health insurance policy), person's image, information about the fact of seeking medical care, health status, diagnosis of disease and other information obtained during examination and treatment, as well as any other data that may be obtained in the course of performing this Agreement. In order to improve the quality of service and conduct marketing programs, I hereby also give my consent to receive information about the services of LLC Olginka in the form of SMS messages, push messages and emails to the mobile phone number and/or email address specified by me.

The list of actions with personal data covered by this consent: all actions with personal data necessary to fulfill the terms and conditions of the Agreement, including collection, recording, systematization, accumulation, storage, clarification (update, change), extraction, use, transfer (distribution, provision, access), depersonalization, blocking, deletion, destruction of personal data,

transfer (distribution) of personal data, including the transfer of my personal data in accordance with the legislation of the Russian Federation, via the internal network of LLC Olginka, including subsidiaries, affiliates and associates of LLC Olginka, as well as via secure communication channels (on computer media) to other organizations and/or persons that process personal data on behalf of LLC Olginka, if processing is entrusted to such a person. LLC Olginka is also entitled to process my personal data by way of entering them into an electronic database, including them in lists (registers) and reporting forms provided for by documents regulating the provision of reporting data (documents) to LLC Olginka.

This consent shall remain in force for an unlimited period of time.

For the purposes of this Agreement, I give my consent to the transfer to Limited Liability Company Olginka and physicians who provide Services under this Agreement, the confidential medical information (information about the fact of seeking medical care, health status, diagnosis of disease and other information obtained during examination and treatment).

_____ / _____ / _____
full name signature date