

PERSONAL DATA INFORMATIVE AND CONSENT TEXT

We may need to record and store your health data within the limits required by the service to be provided, with the condition of staying within the required limits of the service to be provided.

Your health data that we are obliged to record in order to provide you with health services is legally considered as "sensitive personal data." In this context, personal health data can only be recorded with the explicit written consent of the individual, as stipulated by the provision in Article 6, paragraph 2 of the Law on the Protection of Personal Data No. 6698, which states, "The processing of sensitive personal data without the explicit consent of the data subject is prohibited." Therefore, obtaining your consent is mandatory.

INFORMATION TEXT

This consent covers your personal data provided to us verbally, in writing, visually, or electronically during our examination, or transmitted to us electronically or through internet and mobile applications, or obtained in our clinic (such as test results, prescriptions, camera recordings, videos, photos, etc.).

In this context, your personal health data, including but not limited to your name, surname, ID number (passport number or temporary ID number if you are not a Turkish citizen), place and date of birth, marital status, gender, identity documents such as various identification cards, your address, phone number, email address, communication data, financial data such as your bank account number and IBAN, your medical history in your clinic file, information indicating your disease history, examination data, data related to procedures applied to you, prescription information, photos, any kind of images, your voice/camera recordings, laboratory and imaging results, medical diagnosis, treatment, and care services related to your health and sexual life obtained during the execution of services, and your personal data related to private health insurance and Social Security Institution are considered personal data.

Your personal data, including the data you share with us and the data obtained in the provision of the service, will be processed for the purpose of determining the health service to be provided to you, providing the health service, and evaluating its results. Your personal data processed within the scope of providing health services to you will be recorded only to the extent required by the health service to be provided to you, in accordance with the Law on the Protection of Personal Data No. 6698 and relevant legislation. These data will be stored in our system/archive only to the extent necessary to achieve the purposes of recording and will not exceed the necessary time. Your processed data will be kept confidential as professional secrets, ensuring privacy, and will not be shared with third parties/institutions/organizations.

However, in cases where the restriction of the confidentiality of personal medical records is required for the protection of public health, such as the obligation to report infectious diseases to competent authorities regulated in Article 58 of the General Health Law No. 1593, or in cases of legal obligations such as reporting a crime, your personal information may be shared with authorized authorities, but only limited to the purpose and in a

proportionate manner for the execution of the services that will be provided to you by Dr. Merih Tombul.

Requests for the transmission of data belonging to you from public institutions, judicial authorities, and other official authorities will be evaluated in terms of whether the purpose of the request, the requested data, and the purpose to be achieved can be concretely stated, and whether the transmission of data without anonymizing your data is necessary for the protection of public health in a democratic society. Requests that do not meet all of these criteria will not be fulfilled.

Regarding the data recorded by us, in accordance with the Personal Data Protection Law and relevant legislation:

- You have the right to learn whether your personal data is processed and the scope of your processed data.
- If your personal data is processed, you have the right to be informed about this processing, to access this data, and to obtain copies of it.
- You have the right to learn the purpose of processing your personal data and whether they are used in accordance with this purpose, to learn whether your personal data is transferred to third parties or institutions, both domestically and internationally.
- In case your personal data is incomplete or incorrect, you have the right to request their correction.
- You have the right to request the deletion, destruction, or anonymization of some of your data.

II. CONSENT STATEMENT

I also confirm that I have been verbally informed about the purposes of processing my personal data, the methods of collection, my rights regarding the protection of my personal data, mandatory cases where my data may be shared, data security, and my application rights, as detailed in the Personal Data Information and Consent text. I hereby accept with my OPEN CONSENT that this information can be reached by mail to my address.

*In accordance with the Patient Rights Regulation; a copy of the form will be given to you. If the form is not given to you, please inform the person who obtained the consent.

I, Dr. Merih Tombul, have read and understood the Personal Data Information and Consent Text, including all my personal data, including my health data, being recorded, stored, and, in the cases mentioned, shared by Dr. Merih Tombul and employees within the framework of the above principles. Furthermore, I ACCEPT with my OPEN CONSENT that Dr. Merih Tombul may communicate with me through the specified mobile devices, the internet, or electronic mail for the purposes specified below.

Patient Name and Surname: Address: E-mail: Tel:

Signature:

Date:/...../..... Time:

If the patient is under 18 years old or unconscious: Name of the Patient's Relative:

..... Signature: Date:/...../.....

Time: Degree of Relationship: Write with your own handwriting:

"I have read, understood, approved, and accepted" :

.....

IF THERE IS A TRANSLATOR (If the Patient has Language/Communication Problems):

According to my interpretation, the information I translated has been understood by the patient/patient's relative. Translator's Name and Surname:

Signature: Date:/...../..... Time:.....