

**Consent №. \_\_\_\_\_ for the  
processing of personal data**

Surname:	_____
Name:	_____
Middle name:	_____
Floor:	<input type="checkbox"/> male <input type="checkbox"/> female
Date of Birth	_____
Place of Birth	_____

<b>The passport</b>	_____
Number:	_____
Date of issue:	_____
Subdivision that issued document	( <i>name</i> ) _____
	( <i>code</i> ) _____

<b>Compulsory health insurance policy</b>	_____
Number:	_____
Organization of compulsory medical insurance:	_____

<b>Voluntary health insurance policy</b>	_____
Number:	_____
Organization of voluntary medical insurance:	_____

I, the undersigned, whose information is indicated above, in accordance with the requirements of the federal law of 27.07.2006, "On personal data" No. 152-FZ, I give my consent State budgetary institution of health care "Tambov Regional Dermatovenerologic Clinical Dispensary" (hereinafter referred to as the Operator), located at the address Tambovskaya Oblast, Tambov, Karl Marx Street, Building 180 for the processing of my personal data, including: surname, name, patronymic, gender, date of birth, address of residence, contact phone (s), details of the compulsory medical insurance policy (VHI), insurance number of an individual personal account with the Pension Fund of Russia (SNILS), passport data (number, series, by whom and when issued), place of work (study) and position, information about my state of health, diseases, cases of seeking medical help for the following purposes: for medical prophylactic purposes, in order to establish a medical diagnosis and provide medical and medico-social services, maintain an electronic medical record of a patient; implementation of an electronic appointment with a doctor; maintaining personalized records of medical services rendered; for the implementation of telemedicine consultations, electronic document management; making mutual settlements for the provided medical care in the compulsory medical insurance system; storing the results of laboratory diagnostic studies for subsequent use in establishing a medical diagnosis.

I give the Operator the right to carry out any action (operation) or a set of actions (operations) in relation to third parties using automation tools and / or without using such tools with my personal data, including collection, recording, systematization, accumulation, storage, clarification (updating, modification), extraction, use, transfer (distribution, provision, access), depersonalization, blocking, deletion, destruction. The operator has the right to process my personal data by entering them into electronic databases, inclusion in lists (registers) and reporting forms.

In the process of providing medical assistance to the subject of personal data by the Operator, I grant the medical professionals the right to transfer personal data containing information constituting medical secrets to other officials of the Operator, in the interests of examination and treatment. I agree that the Operator's employees who maintain the information system will have access to my personal data.

**Insurance number of an individual personal account**

SNILS: \_\_\_\_\_

**Place of work / study**

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

**Residence address in the Russian Federation**

Postcode: \_\_\_\_\_

Region: \_\_\_\_\_

(republic, territory, region,  
district)

Locality: \_\_\_\_\_

(city, village, settlement)

Street / Avenue / \_\_\_\_\_

Lane: \_\_\_\_\_

House: \_\_\_\_\_

Apartment: \_\_\_\_\_

**Contact details**

Telephone: \_\_\_\_\_

Mob. telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I agree that in accordance with Article 6 of the Federal Law of July 27, 2006 "On Personal Data" No. 152-FZ, the processing of my personal data specified in this consent may be entrusted to the RFEGISZ Operator of the Tambov Region, located at \_\_\_\_\_ for the purpose

of implementation of operation, information interaction with other organizations through the transfer of personal data using secure data transmission channels exclusively for medical and preventive purposes of protecting the health of citizens, maintaining a medical information system in an operable state in which, among other things, my personal data will be processed, incl. h. by entering them into electronic databases, inclusion in lists (registers) and reporting forms.

I agree that for medical and preventive purposes, in order to establish a medical diagnosis and provide medical and medical and social services, my personal data specified in this consent may be transferred to other medical and preventive institutions for processing by a person professionally engaged in medical activities and obliged in accordance with the legislation of the Russian Federation to maintain medical secrecy.

I agree that in order to carry out compulsory health insurance, my personal data may be transferred to an insurance medical organization and a territorial CHI fund using computer media or through communication channels, subject to measures to ensure their protection from unauthorized access.

The storage period for my personal data corresponds to the storage period for primary medical documents and is twenty-five years.

This consent is valid indefinitely.

I reserve the right to revoke my consent by drawing up an appropriate written document, which can be sent by me to the Operator's address by registered mail with acknowledgment of receipt or delivered personally against receipt to the Operator's representative.

In case of receiving my written application to revoke this consent to the processing of personal data, the Operator is obliged to stop processing them within the period of time necessary to complete the mutual settlements for payment of the medical care provided to me before.

**Personal data subject's signature** \_\_\_\_\_

**Date** \_\_\_\_\_