# PERSONAL DATA — EXPLICIT CONSENT

## Explicit Consent Declaration

**Form No:** KVKK-001 **Rev. No / Date:** 2026 v09 / 10.07.2026

| | | | |
|---|---|---|---|
| PATIENT PROTOCOL NO | | DATE | |
| TURKISH ID / PASSPORT NO | | DATE OF BIRTH | |
| PATIENT'S FULL NAME | | SEX | |
| DIAGNOSIS | | | |

## Declaration of Explicit Consent

### Dear Data Subject / Parent / Guardian / Representative,

**Explicit consent** means consent that relates to a specific matter, is based on being informed, and is declared of one's free will. Your physician, **Dr. Özgür AKŞAN**, will hereinafter be referred to in this text as the "**Physician**" or the "**Practice**".

Acting in the capacity of "Data Controller", the Physician, as a healthcare service provider — for the performance of agreements concluded with patients/clients and their relatives, in cases expressly provided for by law, for the establishment, exercise or protection of a right, for safeguarding the legitimate interests of the practice and of yourselves, and in cases where this is necessary in order to fully perform the related legal obligations — processes, stores, transfers and, in compliance with the legal conditions, destroys your personal data listed below, your biometric, genetic, health and sexual-life data falling within the scope of **Special Categories of Personal Data**, as well as your health data obtained through medical imaging such as **X-ray, CT, MRI, DEXA, Scintigraphy, Angiography, Ultrasound**, etc., within the framework of the **Personal Data Protection legislation**.

Which of your personal data are processed without obtaining your explicit consent, based on legal grounds arising from the law, is set out in detail for your information in the **KVKK (Turkish Personal Data Protection Law No. 6698) Privacy Notice**.

**We request your explicit consent in respect of the following matters:**

### Matters of Explicit Consent

**1. Processing of General Personal Data.** I **consent** to the processing of my personal data by the Data Controller Physician and the data processors authorised by him, to their storage for the required period, and to their destruction at the end of that period.

**2. Processing of Special Categories of Personal Data.** I **consent** to the processing of data concerning health and sexual life, and of biometric and genetic data, to their storage for the required period, and to their destruction at the end of that period.

**3. Transfer to Domestic/Foreign Suppliers.** I **consent** to the transfer of my personal data and special categories of personal data to suppliers established in Turkey and abroad (sworn-in certified public

accountant, legal counsel, information technology service providers, translation, courier, etc.), limited to and in connection with the services they provide to the practice.

**4. Transfer for a Second Opinion.** I **consent** to the transfer of my identity information, my health and sexual-life data and my medical images to domestic/foreign health institutions and organisations and physicians with whom cooperation is established, for the purpose of obtaining a second opinion in the diagnosis and treatment of my health condition.

**5. Medical Photographs and Video.** I **consent** to the processing, storage and transfer of the medical photographs and videos to be taken by the Physician in the diagnosis and treatment of my health condition, and to their destruction at the end of the required period.

**6. Transfer to Private Insurance Companies / the Social Security Institution (SGK).** I **consent** to the transfer of my health data to my private insurance company, complementary insurance company or authorised intermediary institution in the provisioning and invoicing processes of the healthcare services I receive from the practice.

**7. Informational Communication.** I **consent** to being informed by e-mail, post, SMS and telephone regarding the examination/treatment process, in order to provide a better service.

**8. e-Nabız Integration.** I **consent**, within the scope of my personal health data, to the processing and storage by the Physician — and, where necessary, the transfer — of all electronic records contained in the **e-Nabız** system (Turkey's national electronic health record system) (tests, prescriptions, reports, laboratory, radiology, examinations, vaccinations, e-prescriptions, e-reports, e-signed documents, etc.), for the purposes of diagnosis, treatment and healthcare service planning.

### General Declaration of Explicit Consent

For the purposes stated above, **giving my explicit consent of my own free will**; I accept that my personal data to be processed shall be processed, used, transferred, stored for the required period and destroyed at the end of that period, limited to the purposes of processing within the scope of the relevant process; that the necessary information has been provided to me in these matters through the "**KVKK Privacy Notice**"; and that I have read and understood this text; and **I ACCEPT, DECLARE AND UNDERTAKE THAT I APPROVE IT OF MY FREE WILL AND WITH MY INFORMED EXPLICIT CONSENT.**

### Patient Declaration and Signature

The patient writes the following sentence **in their own handwriting** and signs:

> *"I have read and understood. I approve with my explicit consent."*

## Signatures

| | Full Name | Signature | Date / Time |
|---|---|---|---|
| Patient | | | |
| Patient's Legal Representative / Relative (Relationship: .....) | | | |
| Responsible Physician | **Dr. Özgür Akşan** | | |