

Medical Data Processing Consent Form

This **Medical Data Processing Consent Form** ensures that you, as a patient, provide informed approval for the collection, use, and storage of your sensitive health information. The form outlines the purposes, duration, and your rights regarding how your data will be handled, promoting transparency and compliance with privacy laws.

Patient Information

Full Name:

Date of Birth:

Contact Number:

Purpose of Data Processing

Your medical data will be collected, used, and stored for the following purposes:

- Diagnosis and treatment of medical conditions
- Medical record-keeping and health management
- Billing and administrative purposes
- Compliance with legal and regulatory requirements

Type of Data Collected

- Personal details (name, date of birth, contact info)
- Medical history and examination results
- Test results, treatments, and procedures
- Other information as necessary for medical care

Duration of Consent

Your consent to process your data will remain valid for the duration of your medical relationship with our facility, unless you withdraw your consent in writing.

Patient Rights

- The right to access your medical data
- The right to request corrections
- The right to withdraw consent at any time
- The right to request deletion of your data when legally permissible

Confidentiality & Data Security

All medical data will be handled confidentially, stored securely, and shared only with authorized personnel or third parties as required by law.

Consent Statement

By signing below, I confirm that I have read and understood the above information, and I consent to the collection, use, and storage of my medical data as described.

Patient Signature:

Date:

Healthcare Provider Use Only

Provider Name:

Provider Signature: