

DOCUMENTATION FOR DIAGNOSTIC TESTING

RADIO DENTAL EXTRA SANGUIS Korlátolt Felelősségű Társaság (seat: Hungary, 1011 Budapest, Fő utca 56. fszt. 1., statistical code: 26358293-8690-113-01; company registration number: 01-09-325999) as service provider – hereinafter: “Provider” – is a healthcare provider under Act CLIV of 1997 on Health (hereinafter: “Health Act”) entitled to provide health services (Outpatient Care / Diagnostics / Other Care / Blood and tissue analysis) – hereinafter: “health services” – on its own behalf, and to that end operates a blood and tissue analysis centre at its site.

Information by the Provider:

Provider informs the Client separately about the following information related to the tasks of health workers:

Health workers provide healthcare with the care normally required in the given situation, within the limits of their professional requirements, in compliance with ethical rules, according to their best knowledge and conscience, at the level of material and personal conditions at their disposal, in accordance with their professional competence. Healthcare workers – unless doing so adversely affects the health of the patient, and while directing the patient to another physician – may refuse to fulfil a medical task if it contradicts their moral judgment, conscience or religious beliefs.

Provider shall perform health services on the basis of the medical referrals it receives. In the absence of a referral, Provider will only provide health services if the patient declares in writing that he/she believes that the medical condition justifies immediate care and that a visit to the physician authorized to issue a referral would significantly delay his/her treatment. In this context, Provider may not be held liable for any damage resulting from unreasonable use of the health service.

The Service Provider informs the Patient about the fact that the deadline for the completion of the medical records is informative, it depends on the date of arrival at the laboratory.

Client Declarations:

If you have a referral

1. By signing this document, I, the undersigned Client, hereby declare that I have been fully informed by the Provider:
 - on patients' rights and the options of enforcing them, as well as the Provider's house rules;
 - that I am obliged to observe the relevant legislation and the Provider's operating rules when using the health service; and
 - that I am obliged to pay the fee set by the Provider.

2. I, the undersigned Client, being aware of the information provided to me, ask you to carry out the diagnostic test specified in the referral issued to me and handed over to the Provider.
3. I acknowledge that the test is considered an invasive intervention (physical intervention through the skin, mucous membrane or bodily orifice of the patient, not including interventions that are of professionally negligible risk to the patient), to which I give my consent by signing this declaration.
4. Finally, I declare that I have familiarized myself with and acknowledge the provisions of the Provider's Privacy Policy, and by signing this declaration, pursuant to the provisions of Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information and Act XLVII of 1997 on the Protection and Processing of Medical and Other Related Data, I give my written consent to the Provider to process and transmit – for its intended purposes, in compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC – my personal data and sensitive personal data recorded. By signing this declaration, I do not give my consent to the Provider to send e-mail messages for marketing purposes to the e-mail address I have specified.
5. By signing this declaration, I hereby give my consent to the Provider to forward my personal data and the tissue, blood and blood components obtained through the intervention indicated in Article 2 to the referring health provider.

DATE, SIGNATURE

If you do not have a referral

1. By signing this document, I, the undersigned Client, hereby declare that I have been fully informed by the Provider:
 - on patients' rights and the options of enforcing them, as well as the Provider's house rules;
 - that I am obliged to observe the relevant legislation and the Provider's operating rules when using the health service; and
 - that I am obliged to pay the fee set by the Provider.
2. I, the undersigned Client, being aware of the information provided to me, ask you to carry out the diagnostic test(s) on me even without a referral issued to me as I believe that my medical condition justifies immediate care and that a visit to the physician authorized to issue a referral would significantly delay my treatment! I have understood the content of this document regarding the lack of referral and acknowledge that I shall bear the risks arising from procuring health services without a referral.

blood panel	
urinalysis	

stool analysis	
body fluid analysis	
tissue analysis	

Check the appropriate test by placing an “x” in the box

3. I acknowledge that the test is considered an invasive intervention (physical intervention through the skin, mucous membrane or bodily orifice of the patient, not including interventions that are of professionally negligible risk to the patient), to which I give my consent by signing this declaration.

6. Finally, I declare that I have familiarized myself with and acknowledge the provisions of the Provider's Privacy Policy, and by signing this declaration, pursuant to the provisions of Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information and Act XLVII of 1997 on the Protection and Processing of Medical and Other Related Data, I give my written consent to the Provider to process and transmit – for its intended purposes, in compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC – my personal data and sensitive personal data recorded. The consent I have given by signing this declaration does not include my consent to Provider sending e-mail messages for marketing purposes to the e-mail address I have specified. I do not consent to the sending of e-mail messages by the Provider for marketing purposes to the e-mail address I have provided.

DATE, SIGNATURE