

STATEMENT ON PERSONAL DATA:

Statement No. 1

v.1.0

I declare that according to Article 13, point 1 and 2 of the 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 processing of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (hereinafter "**RODO**") I have been informed that:

- 1) The Administrator of my personal data is Genomed S.A. with its registered office in Warsaw, Poland, at ul. Ponczowa 12 (hereinafter "**APD**");
- 2) APD allows contact via e-mail: diagnostyka@genomed.pl and sanco@genomed.pl, via telephone: (+48) 22 644 60 19, by post: ul. Ponczowa 12, 02-971 Warsaw, Poland;
- 3) APD's appointed the Data Protection Officer, with which I can communicate via e-mail: iod@genomed.pl, by post under the address indicated above;
- 4) My personal data that will be processed is as follows: name and surname, ID identification number, date of birth, address of residence (town, street, house number, apartment number), telephone number, e-mail address, information or other data to the extent necessary to perform the test;

My personal data will be processed by APD for the following purposes and based on the following legal basis:

The purpose of data processing	Legal ground for data processing
Providing health services, including medical record-keeping	Art. 9, point 2, letter h of RODO in connection with Art. 3, point. 1 of the Health Care Activity Act and Art. 24 of the Act of Patients' Right and the Commissioner for Patients' Rights
Keeping accounting books and tax documentation. Vindication of claims resulting from economic activity, which is the legitimate interest of data processing by APD.	Art. 6, point 1, letter c of RODO in connection with Art. 74, point 2 of the Accounting Act

- 6) Providing personal data by me is a legal obligation (due to legal provisions) and is necessary to provide health services. Refusal to provide data will prevent the provision of health services by APD.
- 7) My personal details will be disclosed to:
 - a) APD employees / collaborators authorized to process them on request of APD;
 - b) entities to whom APD entrusted the processing of personal data, including:
 - entities with whom APD has concluded contracts for the provision of medical services,
 - legal and advisory services providers in the event of the proceedings for claims related with APD's economic activity;
 with all guarantees ensuring the security of the transferred data.
- 8) My personal data will not be transferred to countries outside the European Economic Area (to countries other than European Union countries and Iceland, Norway and Liechtenstein).

9) My data will be stored by APD for the following period:

The purpose of data processing	Storage period for data
Providing health services, including medical record-keeping Providing health care and managing the process of providing health care services	The period of storage of medical records resulting from the legal regulations in force
Vindication of claims resulting from economic activity	The limitation period for claims resulting from the legal regulations in force
Keeping accounting books and tax documentation	The period of storage of accounting and tax documentation resulting from the legal regulations in force

- 10) I have the right to access my personal data and the right to correct it when it is incorrect;
- 11) In cases specified by law, I have the right to request data removal, the right to restrict the processing of data, the right to raise objections against the processing of my personal data and the right to data portability;
- 12) My person will not be subject to automated decisions (decisions without human intervention), including a measure based on profiling;
- 13) I have the right to lodge a complaint with the supervisory body - the President of the Personal Data Protection Office - in the event of violation of the provisions on the protection of personal data in the course of my personal data processing by APD.

.....
Date and signature

STATEMENT OF THE STATUTORY REPRESENTATIVE

Acting as the legal guardian of my child

.....,
first and last name

I hereby acknowledge that all information contained in the statement No. 1 - a statement on personal data, that I have read and that I have acknowledged with are also applicable to my child's personal data.

.....
Date and signature of the statutory representative