

# AZIENDA SANITARIA UNIVERSITARIA GIULIANO ISONTINA

INFORMATION FORM ON PERSONAL DATA PROCESSING AND EXPRESSION OF CONSENT TO PERSONAL DATA  
PROCESSING ON THE ELECTRONIC HEALTH DOSSIER

Regulation (EU) 2016/679 "General data protection regulation",  
Legislative Decree no. 196/2003 as amended by Legislative Decree no. 101/2018  
"Guidelines on health dossier" of 4 June 2015 doc web no. 4084632

I, the undersigned, (name and surname) .....

born in ..... on ..... / ..... / ..... tax id. no.

permanent address in (city, province) ..... street .....

acting in my name  or

Aware that untrue statements are punished by law, I declare under my responsibility

acting as:  Guardian  Support administrator  
 Exercising parental authority  Legal representative  
 Minor exercising parental authority or legal representative  Heir

of (name and surname) .....

born in ..... on ..... / ..... / ..... tax id. no.

permanent address in (city, province) ..... street .....

I received the information notice, published also on the website [www.asugi.sanita.fvg.it](http://www.asugi.sanita.fvg.it) and I am aware that:

1. the processing concerns, in particular, personal and particular data;
2. consent may be modified or revoked, at any time, in whole or in part;
3. I may decide to obfuscate, at any time, single documents relating to diagnosis and treatment events;
4. for the aforementioned modification or obfuscation, I can contact the Administrative Acceptance of the Maggiore Hospital or Cattinara Hospital in the province of Trieste and the Public Relations Office of ASUGI in the province of Gorizia;

I DECLARE that I have understood the information and I freely and knowingly consent to the processing of personal and particular data by Azienda Sanitaria Universitaria Giuliano Isontina, as data controller, as expressed below.

## INFORMATION ON PERSONAL DATA PROCESSING

1) I DECLARE THAT I RECEIVED AND READ THE INFORMATION NOTICE ON PERSONAL DATA PROCESSING

YES (GO TO SECTION A)  NO (END OF FORM)

## CONSENT TO THE PROCESSING OF PERSONAL AND PARTICULAR DATA ON THE ELECTRONIC HEALTH DOSSIER

### SECTION A - CONSENT TO THE ELECTRONIC HEALTH DOSSIER (DSE)

("Container" of data collected by ASUGI, which can be consulted within ASUGI)

A1) I CONSENT TO DATA COLLECTION ON THE ELECTRONIC HEALTH DOSSIER AND THE INCLUSION IN THE ELECTRONIC HEALTH DOSSIER OF ALL DATA COLLECTED FROM NOW ON

YES (GO TO POINT A2)  NO (GO DIRECTLY TO SECTION B)

A2) I CONSENT TO INCLUDE ALL PREVIOUS DATA IN THE ELECTRONIC HEALTH DOSSIER

YES (GO TO SECTION B)  NO (GO TO SECTION B)

### SECTION B - CONSENT TO DATA PROCESSING FOR CLINICAL RESEARCH PURPOSES, EPIDEMIOLOGY AND TRAINING (with the objective of improving knowledge, treatment and prevention)

B1) I CONSENT THAT CLINICAL DATA, INCLUDING PHOTOGRAPHIC IMAGES OR FILMS RELATED TO SURGICAL INTERVENTIONS AND TREATMENTS ARE USED FOR CLINICAL RESEARCH PURPOSES, EPIDEMIOLOGY, TRAINING AND STUDY OF PATHOLOGIES, AFTER ANONYMIZATION

YES  NO

This consent to data processing has permanent validity in this Health Authority unless revoked and/or modified and/or reaching the age of majority. In case of proxy for submission, it is necessary to submit a proxy as well as a valid identity document of the proxy and of the delegating person (copies accepted)

Date ..... / ..... / 20.....

Signature .....

Full and legible signature

Reserved for the office

PAPER COLLECTION:

OR/OP OPERATOR ..... DATE ..... SIGNATURE OF OPERATOR .....

INCLUSION IN GECO:

OR/OP OPERATOR ..... GECO REG. NO. .... SIGNATURE OF OPERATOR .....

Note: .....