AUTHORIZATION FOR THIRD-PARTY EXAM COLLECTION (COLLECTION RECEIPT)

Dear Patient,

In accordance with the General Data Protection Regulation (GDPR – Regulation (EU) 2016/679), Law no. 58/2019, and the applicable legislation governing the confidentiality of clinical information, medical examination results may only be released to the patient or to a third party duly authorized by the patient.

Consent Declaration for Third-Party Collection of Medical Exam Results

I, _____ (patient's name), As the patient and holder of the medical examinations carried out at **LagoaCentro – Imagens Médicas**, I hereby expressly authorize Mr./Ms.:

Third Party Name: _____ Holder of identification document, Type _____ No. _____ Expiry Date: ____ / ____ / _____

to collect my medical test results from **LagoaCentro – Imagens Médicas**.
Identification document number: _____ Expiry Date: ____ / ____ / _____

Declaration of the Patient

I declare that:

- this authorization is given freely, specifically, informedly and unambiguously for the purpose of allowing a third party to collect my medical test results.
- I acknowledge that the medical examinations contain personal data relating to health, classified as special categories of personal data pursuant to Article 9 of the GDPR.
- I have been informed that the authorized third party must present a valid identification document with photograph at the time of collecting the examination results.
- I acknowledge that **LagoaCentro – Imagens Médicas** will take the necessary measures to verify the identity of the authorized third party prior to releasing the examination results

Patient's signature: _____ Date: ____ / ____ / _____

Important Note: To collect the examination results, the authorized third party must present a valid identification document with photograph. **Personal Data Protection and Applicable Legislation**: The processing of personal data contained in this declaration will be carried out in accordance with the **General Data Protection Regulation (GDPR), Law no. 58/2019**, and other applicable legislation concerning the protection of personal data and the confidentiality of clinical information. The data collected **is intended exclusively to verify the authorization for the collection of examination results by a third party** and will be retained only for the period necessary to comply with applicable legal obligations.For any clarification regarding the processing of personal data, you may contact the data controller through the following email address: **dpo.lagoacentro@gmail.com**