

CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA

I, _____ (the "Data Subject"), by signing this consent form, give my prior, unequivocal, express, and voluntary consent to **Grupo 65 Lda** (registered office: **Rua António Bernardino Almeida, 431, 4200-529 Porto**; email address: grupo65lda@gmail.com), hereinafter referred to as "the Company", to provide my personal data, including full name, date of birth, gender, email contact, phone number, and health data (user number, allergies, medical conditions, consultation history), for the purpose of participating in the **Grupo 65** application, in the context of health services and medical records management.

Purpose of Processing

I acknowledge that the sole purpose of sharing my data is for the purposes described, and I consent to the following purposes:

- ☐ Provision of health services;
- ☐ Management of medical records;
- ☐ Communication about treatments and results;
- ☐ Fulfillment of legal and contractual obligations related to the service provided by the **Grupo 65** application.
- ☐ I am also aware that the application uses essential cookies to ensure the proper functioning of the application, and I understand that I can consult the cookie policy in the privacy policy.

Legal Basis for Processing

The legal basis for processing my personal data is my explicit consent, as per **article 6.º, n. º1, item a)** of the General Data Protection Regulation (Regulation (EU) 2016/679; "GDPR"), and for sensitive health data, as per **article 9.º, n. º2, item a)** of the GDPR.

Rights of the Data Subject

I understand that I have the right to:

- Be informed about the processing of my personal data;
- Request access to the personal data being processed;
- Request the rectification of my personal data;

- Request the erasure of my personal data (when applicable);
- Request the restriction of the processing of my personal data;
- Object to the processing of my personal data;
- Exercise the right to data portability.

I am aware that I can also exercise my right to withdraw my consent at any time by sending a communication to the email address grupo65lda@gmail.com. I acknowledge that the withdrawal of consent does not affect the lawfulness of the processing based on consent before its withdrawal.

I understand that, in some circumstances, it may not be possible to fulfill these requests due to the nature of the data or the circumstances of the case, and that the exercise of my rights may be subject to the conditions of applicable legislation.

Recipients of Personal Data

I have been informed that my personal data will be processed confidentially and will only be accessed by persons within the **Grupo 65** organization who need to consult it for the provision of health services, as described in the purposes. I understand that my personal and health data may be shared by the healthcare units using the **Grupo 65** application, such as hospitals and health centers, to provide health services to their users, in compliance with the GDPR and applicable national legislation.

Data Retention Period

I am aware that my personal data will be retained for as long as necessary to fulfill the purposes for which it was collected, in accordance with the retention standards established by applicable legislation, and that health data will be retained for a minimum period of five years from the end date of processes, documents, or records, in accordance with **article 2.º, n. º4** of the Health Administrative Regulation.

Automated Decisions

I understand that the **Grupo 65** application only uses automated decisions for defining the surgery dates, based on data provided by health units. The health units send information about surgeries that need to be scheduled, including a deadline for their completion. After receiving this data, the application's genetic algorithm analyzes the surgeries in order of priority, considering the date they were entered into the system, the deadline set, and the estimated period for each surgery. This process optimizes scheduling by prioritizing urgent surgeries and helping to ensure they are completed on time.

I have been informed that if I need the surgery date to be reviewed, I can submit a request with proof of approval from the health unit by contacting: grupo65lda@gmail.com.

Supervisory Authority and Complaints

I am aware that I have the right to lodge a complaint with the responsible supervisory authority, the **National Data Protection Commission (CNPD)**, if I believe that the processing of my personal and health data by **Grupo 65** does not comply with the legal requirements established by applicable legislation. I can contact them via the website www.cnpd.pt.

Declaration:

I understand that if I do not provide my personal and health data or do not consent to its processing, I will not be able to participate in the **Grupo 65** service, which may affect the management of my health treatment.

I acknowledge that **Grupo 65** will process my personal data in accordance with the Privacy Policy available in the application, and I can review the policy at any time by accessing the settings area.

Place and Date: _____ **Signature of the Data Subject:** _____