

First - time patient survey

Thank you for choosing our clinic!

We would be grateful if you could take a moment to complete this short survey.
Please indicate how you learned about our clinic by selecting one of the following options:

- ☐ Facebook
- ☐ Instagram
- ☐ TikTok
- ☐ Google or another search engine
- ☐ Recommended by friends or relatives
- ☐ Referred for a specific dental procedure
- ☐ Participant in a loyalty program of the clinic's partner
- ☐ Advertising in the press
- ☐ Advertising on radio or TV
- ☐ Environmental advertising
- ☐ Saw the clinic while passing by or living nearby
- ☐ Prefer not to answer

Thank You for your time!

**Information on the protection of personal data of patients
at the dental clinic "ADENTA"**

The manager of your personal data processing is SIA "ADENTA" (hereinafter – Clinic) Reg. No. 40103181871.

Address: Ganību dambis 4, Rīga, LV - 1045. Phone +371 67 339 300, e-mail address adenta@adenta.lv
Data protection specialist – Līga Roja, e-mail address liga@adenta.lv

The goal of processing your personal data is to provide you with the best possible dental, dermatology and cosmetology services, including reminding you of the visit you have booked, or to alert you of any changes regarding your booked visit.

The legal basis for processing of your personal data – observation of legal obligations referable to the Clinic (including Cabinet of Ministers Regulation No. 265 of 4 April 2006 "Procedures for Keeping Medical Documents") and observance of the legitimate interests of the Clinic (provision of dentistry services) required for the provision of the most qualitative treatment process.

The recipients of your personal data: the medical staff of the Clinic that will be involved in your treatment, dental technical laboratories, the National Health Service (E-health system), service providers that provide information technology services to us, insurance companies, the services of which you are using, providers of outsourced services and suppliers of goods for the provision of the treatment process and debt collection specialists in case of delayed payments.

Your personal data will be stored in the European Union and also in the US in electronic form, if the data processing company is certified, and will be in the EU-US Privacy Shield list to ensure that your personal data is protected in accordance with the requirements of the European Union. Your personal data will be stored for 10 years after the last entry (Cabinet of Ministers Regulation No. 265 of 4 April 2006 "Procedures for Keeping Medical Documents", sub-clause 35.5).

As the data subject **you have the following rights:**

- the right to receive information about the processing of your personal data;
- access rights to your personal data;
- the right to change your personal data;
- the right to delete (unless the regulatory enactments stipulate the duty to keep them);
- the right to restrict processing;
- the right to data portability;
- the right to object.

For details of the above rights, see Articles 13 to 21 of the General Data Protection Regulation.

We inform you that, if you do not provide the information necessary to complete the patient's outpatient card, the Clinic will not be able to provide you with dental and cosmetology services in the relevant quality and in full amount. If you do not wish to provide your personal data for processing, you have the right not to use the services of the Clinic.

If you have questions about the protection of personal data or if you are not satisfied with the processing of your personal data, you may contact us or we inform you that you have the right to file a complaint with the Data State Inspectorate.

I AGREE, that data – radiological examinations, transcriptions of the executed manipulations, extracts from the patient's outpatient card, upon my previous request, will be sent to the following e-mail address:

☐

I am aware and informed that by using electronic means of communication the Clinic, which sends my requested information, is not able to control internet security and thus I am aware of the risks and I accept them regarding my request to send my personal data to the email address that I have provided.

I AGREE that the Clinic will use the provided phone number for reminders about the booked visit at the dentist or hygienist:

☐

You can withdraw your consent to use your email address or telephone number at any time by sending us this information to the email address adenta@adenta.lv.

With my signature or advanced electronic signature at the end of this electronic document, I certify that I am informed about the processing of my personal data, and I am responsible for the truthfulness and correctness of the provided personal data.

Patient phone

Patient e-mail

Name, surname, persona identification number of the patient

Name, surname, personal identification number of the signatory*

***Parents of the children up to the age of 18 years old or legal guardians signing this form confirm that they have a legitimate basis for the representation of the relevant person in the Clinic.**

or

the date and time indicated in the improved electronic signature of the electronic document.

Patient Consent Form
Regarding the Receipt of Dental, Dermatology and Cosmetology Services and the Terms of Payment

This form has been prepared to confirm the consent of the Patient or Patient's lawful representative for the receipt of dental and cosmetology services in SIA Adenta (the Clinic).

Dental and cosmetology services are provided to Patients in due quality and sufficient volume in compliance with the interests and requirements of the Patient according to individual treatment plan if any has been prepared. All dental services provided to the Patient are recorded in the *Outpatient's Card of a Dental, Dermatology or Cosmetology Patient*.

If the Patient disagrees with the volume and quality of the services provided, the Patient has the right to submit a complaint pursuant to the procedure prescribed by the Clinic.

The payment for dental services received is determined in accordance with the pricelist of the Clinic.

The payment for the services received shall be made by the Patient on the date of receiving the service at the registrar of the Clinic.

If an invoice is issued for the services, the Patient shall pay the invoice within the time limit indicated in it. In case of default payment, the Patient shall pay late-payment interest to the Clinic in the amount of 0.1% from the default sum of payment for each day of delay.

The Patient hereby agrees to receive the invoice and other documents from the Clinic in a computerised form. The document sent to Patient's email address which is indicated in form **"Information on the protection of personal data of patients at the dental clinic "ADENTA"** shall be considered as received on the second business day after sending it.

With my signature or advanced electronic signature at the end of this electronic document, I certify that I have read the information in this consent and agree to comply with it.

Name, surname, persona identification number of the patient

Name, surname, personal identification number of the signatory*

***Bērnu (līdz 18 gadu vecumam) vecāki vai likumīgie aizbildņi parakstot šo veidlapu apliecina, ka viņiem ir likumisks pamats šīs personas pārstāvībai klīnikā.**

or

5

the date and time indicated in the improved electronic signature of the electronic document.