

# Consent for Personal Data Processing (GDPR)

## 1. Purpose of Data Processing:

By signing this document, I give my voluntary consent for the processing of my personal data, which will be used for creating personalized health recommendations based on scientific research and other relevant resources.

## 2. Types of Processed Data:

The following types of data will be processed for creating personalized recommendations:

- Physical indicators, including activity level, weight, height, and other relevant metrics needed to tailor recommendations.
- Data about habits and goals (e.g., weight loss, improving sleep, increasing energy) which will be used to generate personalized advice.

## 3. Data Anonymization:

My personal data will be anonymized for further processing. All data will be used only in an anonymized form to create personalized medical recommendations without identifying specific individuals.

## 4. Data Protection:

I agree that all my personal data will be processed in accordance with GDPR requirements and will be handled with the utmost attention to security and confidentiality.

## 5. Transfer of Data to Third Parties:

My personal data will not be transferred to third parties (e.g., for scientific research or medical

consultations), unless necessary for the purpose of processing. All my data will be processed in an anonymized form, without identifying the individual.

#### 6. Right to Access and Deletion:

I have the right to access my personal data, as well as to correct or delete it if necessary, in accordance with the General Data Protection Regulation (GDPR).

#### 7. Data Retention Period:

I have the right to specify the retention period for my personal data within the system. After the specified period, data will be anonymized or deleted based on my instructions. If I do **\*\*not\*\*** specify a retention period, data will be stored only for the duration necessary to achieve the purpose of processing.

#### 8. Consent to Confidentiality Agreement (NDA):

I agree that all the data I provide during registration and form completion is confidential. I commit not to disclose this data to any third parties without prior written consent.

#### 9. Consent to Receive Personalized Recommendations:

I agree that, based on my physical indicators and habits, the system will create personalized medical recommendations for me, including diet, exercise, strategies for improving health, and other advice.

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#### Acknowledgment and Signature:

By signing this document, I confirm that I have understood the conditions for the processing of my

personal data and agree with them. I also agree to the confidentiality terms and the provision of medical recommendations based on my data.