

Declaration of consent

Name, Surname

Date of birth

I, hereby, consent that all information collected during the course of my treatment, including sound and video material – even if I am recognizable – may be used for scientific as well as for educational purposes within the educational institution. The material may be linked with information about the disease pattern and the treatment methods.

My consent includes in particular the right to data collection and processing. My data may only be used for the purpose stipulated above and cannot be used by unauthorized persons that are not part of the Student Run Health Centre.

I am aware that granting or denying consent does not affect my medical treatment. I receive no benefits by granting consent; the rejection is not detrimental to my treatment.

This declaration of consent, if needed, can be submitted to authorities for evidence purposes.

I am aware that I can revoke this declaration of consent in whole or in part at any time.

Name of the person represented (please write clearly)

Place

Date

Signature

Project number: **598602-EPP-1-XK-EPPKA2-CBHE-JP(2018-3220/001-001)**

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