EGÉSZSÉGKÖZPONT
MAMMUT · ÁRKÁD · CORVIN

PATIENT INFORMATION LEAFLET AND PERMISSON NOTICE

Mammut, Árkád and Corvin Health Centers, operated by Medical Service Budapest Kft. (1024 Budapest, Lövőház St. 9, 4th floor), as a healthcare provider, (hereafter: Provider) under the rules contained in the operating license of ÁNTSZ, offers high quality health care services for its patients, for a fee.

Please, read the following information, and if you have questions, please feel free to contact our staff. Please read our privacy statement on www.mammutegeszsegkozpont.hu, www.arkadegeszsegkozpont.hu or on www.corvinegeszsegkozpont.hu, or ask for it at the reception.

1. Please provide us with the information we require and authenticate your personal details with an ID card or other forms of documentation on the attached datasheet (Patient datasheet).

We inform you, that your data, the treatments performed, and the statements related to those are being recorded to an electronic medical record during the medical examination.

We inform you, that as a service provider, we take no responsibility for:

- The consequences resulting from failing to comply with the therapeutic recommendations and the omission of the control examinations

- treatments and complications provided by a third party, next to the treatment provided by the Provider, without the knowledge and approval of the attending physician.

We inform you, that you have the right to access the healthcare documentation, furthermore your personal details, medical records will be treated with confidentiality will be communicated to only those, who are entitled to (see: medical confidentiality). The detailed privacy policy and your rights regarding data protection can be found in the privacy statement.

The following relatives can be informed about the treatments: ……

The release deadline of the laboratory tests may vary from test to test, so please check with our colleague at the time of the sampling.

2. The price of the service provided by us is included in the public price list, and it is effective at all times. The price - in the absence of a differing written agreement - shall be paid at the time of the service. The price does not contain the price of the medications that may be needed for the treatment. You will be required to pay the treatment fee to the Provider after the treatment has been completed. The required medications will be determined by the physician, so it may occur, that out of the multiple medication choices, not the cheapest will be prescribed. If that concerns you, please consult with our physicians.

The reserved appointment can be canceled free of charge at least 24 hours before its relevancy, after that 100% of the fee will be billed to you with a transfer option.

Please arrive on time for the appointment, in case of any obstruction, please contact us.

3. I hereby certify that I have read and understood the information above, I have acknowledged the current price list and I got answers to any questions I may have had. I understand that it is in my rights to ask for further information regarding any treatments or fees before the start of the treatment.

Bills issued by Medical Service Budapest Kft. (1024 Budapest, Lövőház St. 9, 4th floor) contain an intermediated service regarding medical examinations, imaging- and laboratory diagnostics.

I hereby sign, that the information provided was complete and in line with my expectations, and I have read the privacy statement.

By signing this statement, I contribute, that if required due to providing further medical services, Medical Service Budapest Kft, as the data manager can forward my personal and medical data to another medical service provider, or medical institution.

Yes **No**

I have read the General Terms and Conditions of Medical Service Budapest Kft, and I accept its contents.

Budapest, …… ……

Signature of patient (parent / caregiver)

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PATIENT DATASHEET

Please write your personal information in a legible manner!

Name:	Birthname:
Mother's name:	Place of birth:
Date of birth:	
Address: City: ……..... Street: ……. Number: ……. Floor/Door: …….	
Health Insurance Card (TAJ) number:	ID card number (or another document):
Mobile:	E-mail:

Personal Accountability

In full knowledge of my legal responsibility, I declare, that the data provided by me is mine, and is credible.

Permission notice

I allow, that Mammut, Árkád and Corvin Health Centers can contact me via phone, email or by letter at the contacts provided. I allow, that the results of any treatments done by Mammut, Árkád and Corvin Health Centers can be sent to me electronically, to the email address provided on this data sheet.

Data change notification obligation

I acknowledge, that i am obligated to notify Mammut, Árkád and Corvin health centers regarding a change in my personal data, and I am fully responsible for the possible consequences of not disclosing a change.

Authority for the use of my contact information for marketing purposes

I hereby allow, that the email address and phone number provided by me can be used by the Provider, as the data manager, for sending emails regarding current and new services, or notifications about ongoing discounts. I acknowledge, that this data service is voluntary, and it is manageable as long as I withdraw my contribution in a demonstrable way.

Yes No

Receipts after 2019 February 1st will be sent out in an electronic form. If you require it in paper form, please indicate this before paying!

I understand the conditions of managing my data and my rights regarding data management by reading the privacy statement.

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Signature of patient (parent / caregiver)