

Statement of Notice, Consent and Consent to Use of Data

Dear Sir or Madam,

Welcome to Dr Bela Clinic at the Hogarth Medispa skin cancer screening programme, where our objective is to screen for malignant skin tumours "Skin Cancer".

We confirm that you can download your results of your screening from your personal online account within **10 working days** of your appointment.

Please note the following:

- We shall not be liable for any consequences which may arise from your failure to seek further medical assistance when advised, if the suspicion of a malignancy is raised.
- We will remind you when your recommended follow-up screening is due using the contact details you provide, please advise us at the earliest opportunity if they change so we can adjust our records.
- Our screening system allows you to be in control of your moles and the health of your skin and enables us to find any possible malignancies at a very early stage.
- The screening method we use is completely safe, non invasive and has no side effects and is suitable for anyone including children, pregnant women and their unborn child.

Declaration of Consent

- I consent to Dr Bela Clinic sending me information relating to my screening, including notification of future screenings and dermatological matters (this will be primarily via e-mail). I understand that I may withdraw my consent given at any time in the future by contacting Dr Bela Clinic at the following e-mail address: info@drbela.clinic
- Please **notify my GP** about the results of my screening. *(Please give the details of your GP)*

Name of **your GP**:.....

Address of **your GP**:.....

I have read and understood the above notice and agree with the contents thereof, accepting it as binding upon me. *By signing this declaration I agree to have my personal data - name, date of birth, address, status - as well as medical records, photographs and diagnostic results - entered and managed in the clinic database, in compliance with the appropriate data protection laws and regulations.* I acknowledge that in the event of dermatological abnormalities which raise the suspicion of a tumour being detected over the course of the screening and, having being notified of that fact, I shall accept liability for all further consequences thereof. I acknowledge that Dr Bela Clinic will manage my personal data and medical records as mandated by law, in compliance with the duty of patient-doctor confidentiality, in a confidential manner, and shall not release any information relating to me to any third parties except my GP if stated.

Name: _____

Address: _____

Signature:..... Date: _____