

DAVIVA DİYALİZ HİZMETLERİ ANONİM ŞİRKETİ
EXPLICIT CONSENT FORM FOR THE PROVISION OF HEALTHCARE SERVICES

I have read the [Notification on the Provision of Healthcare Services](#) by Daviva Diyaliz Hizmetleri Anonim Şirketi (“Clinic”), and within this scope:

Explicit Consent for Promotional and Informative Activities in Healthcare Services

I explicitly consent to the processing of my limited personal data within the categories of visual and auditory personal data, as well as my limited personal data within the special categories of healthcare information, for the purposes of managing loyalty processes related to the company/products/services, conducting/auditing business activities, carrying out goods/services production and operation processes, managing promotional and informative activities in healthcare services, conducting storage and archiving activities, and tracking requests/complaints. I explicitly consent to the transfer of such data for the same purposes to your **suppliers located at home and/or abroad, social media platforms (e.g., Facebook, Instagram, X), press/broadcasting organizations, and third parties to whom such content is communicated or made accessible via social media platforms, invitations, magazines, brochures, internal/external publications, websites, and similar channels.**

I consent

I do not consent.

*****Important Note:** The processing and transfer of your special categories of personal data are not subject to the legal condition of explicit consent pursuant to the exceptional cases regulated under Article 28 of the Law on the Protection of Personal Data (KVKK), where the provisions of the KVKK do not apply.

Consent Form under the Law on Intellectual and Artistic Works:

I agree, represent and undertake that I consent to the recording and inclusion of my photographs and images, and/or the use of my pre-recorded audio and video in all visual and auditory materials, including but not limited to promotional, photographic, video, and interview content prepared within the scope of the promotion and information activities of the healthcare services provided by Daviva Diyaliz Hizmetleri Anonim Şirketi (“Company”) on [date] and I also consent to the determination, processing, reproduction, sale, distribution, rental, and lending of these audio and visual materials, including versions that have been altered, combined, separated, or subjected to other processes by technical means (collectively referred to as “Materials”). I hereby transfer to the Company, exclusively, irrevocably, indefinitely, and without any compensation, all financial rights and moral rights under the Law on Intellectual and Artistic Works, including but not limited to adaptation, reproduction, distribution, public performance, transmission to the public via audio and/or visual means including digital transmission, the right to disclose to the public, the right to have the author's name indicated, the right to prevent alteration of the work, and the author's rights against the possessor and owner; the right to receive a share (resale right) regulated under Article 45 of the Law on Intellectual and Artistic Works, the placement and transmission of the Material in digital environments including the internet and intranet, and recording the Material on devices capable of carrying audio and visual recordings with current or future-developed technological means. I also transfer all related neighboring rights and any rights I may have under the Turkish Civil Code and other relevant legislation to the Company, for use in any place, content, medium, number, or other aspect without limitation, and with the ability to transfer these rights to third parties. I agree, represent and undertake that I will not claim any rights, fees, or receivables for these transferred rights.

I consent.

I do not consent.

Explicit Consent for the Transfer of Special Categories of Personal Data to Approved Third Parties

In accordance with the relevant legislative provisions, primarily the Law No. 6698 on the Protection of Personal Data, the Regulation on Patients' Rights, and the Regulation on Personal Health Data, except for cases where transfer is mandatory due to medical necessity or court orders (e.g., the Ministry of Health of the Republic of Türkiye, the Social Security Institution of the Republic of Turkey, courts, institutions where patient referral/transfer is conducted), I explicitly consent to the transfer of my personal health data to the individuals listed in the table below by sharing the security verification SMS code sent to me, following the security verification SMS code matching performed by your Clinic.

Name Surname / Trade Name	Degree of Kinship / Affiliation	REPUBLIC OF TÜRKİYE ID No / Tax ID.	Contact Details

I explicitly consent.

I do not explicitly consent.

*** I agree, represent and undertake that I have conducted the transfer of all personal data, including special categories of personal data belonging to my family members, relatives, and other third parties that I have shared with your Clinic, in accordance with the Law No. 6698 on the Protection of Personal Data and relevant regulations, and that I have informed the relevant individuals on behalf of the Clinic and obtained their consent if necessary.

Patient / Patient's Legal Representative / Patient's Guardian / Parents of Minor Patients Without Discerning Ability

Name-Surname	:
Degree of Kinship	:
(This section should be completed by individuals other than the aforementioned patient)	
Date	:
Signature	: