

**OZEL DEMIDERM POLIKLINIGI**  
**PATIENT/ADVISEE EXPLICIT CONSENT STATEMENT**

I have read, understood the “Clarification Text on the Processing of Personal Data” submitted by DEMİDERM MAKİNA-MEDİKAL VE GÜZELLİK MERKEZİ SAN. TİC. İTH. İHR. LTD. ŞTİ. (“OZEL DEMIDERM POLIKLINIGI”) to me and “all my rights” regarding the legislation clearly stated in the text in a language that I can understand verbally and in writing, and I have been informed by the OZEL DEMIDERM POLIKLINIGI employees, company officials and responsible manager doctor that all my questions have been answered. To carry out my medical examination, preventive medicine, medical diagnosis, treatment, care and control services, to improve the medical treatment practice applied to me, to remind my appointment dates for ongoing treatments and to be informed personally about the innovations related to medical treatment and practices from the Personal Data I have provided to the OZEL DEMIDERM POLIKLINIGI in accordance with the issues explained in the disclosure text and the provisions contained in the KVKK and GDPR: **I GIVE MY CONSENT TO** the PROCESSING of MY PERSONAL DATA mentioned above by the OZEL DEMIDERM POLIKLINIGI for the purposes mentioned above, Informing about innovations and developments related to the medical services offered by the OZEL DEMIDERM POLIKLINIGI, reminding me of my appointment dates for ongoing treatments, and **SENDING SMS, EMAIL AND MOBILE COMMUNICATION TO ME** via my contact data that I have reported for the purpose of celebrating, congratulating on special occasions.