

**IMPULS, Endowment Fund – Consent to process Personal Data in the Register of Patients with Multiple Sclerosis in the Czech Republic**

Name and Description of the Project: **Register of Patients with Multiple Sclerosis in the Czech Republic (ReMuS)**

Name of Patient:

Date of Birth:

Name of Patient’s Legal Representative<sup>1</sup>:

According to the corresponding provisions of the Regulation of the European Parliament and the EU Council 2016/679 as of April 27, 2016, on the protection of natural persons in connection with the processing of personal data and on the free movement of such data and on repealing of the Directive 95/46/ES, and other legal enactments, hereby I **expressly agree** with **IMPULS, Endowment Fund**, ID.No. 261 69 428, seat in Prague 2, Kateřinská 30, Zip Code 128 08, registered in the Czech Endowment Register, Section N, Insert 325 by the Prague City Court (hereinafter “**IMPULS**”) to gather and process, and store some of my personal data (including data on my state of health) in the Register of patients with Multiple Sclerosis in the Czech Republic (hereinafter “**ReMuS**”), including birth certificate number, in a way, extension, and for purposes and on conditions stated in Information on processing personal data in compliance with the Register of patients with Multiple Sclerosis (“**ReMuS**”) in the Czech Republic (hereinafter “**Information**”).

I give this consent to IMPULS for the duration of my life.

I confirm that:

- I have been informed in detail about the goals and purposes of processing my personal data in the Register ReMuS.
- I understood that giving consent to the processing of my personal data in the Register ReMuS is voluntary and that I can withdraw my consent at any time without affecting my further treatment;
- I understand that by giving consent with processing my personal data in the register ReMuS and subsequent gathering, processing, and storing of my personal data in the Register ReMuS is not connected with any reward;
- Before signing this consent, I got acquainted with information as of the date of signature of this consent, including information about my rights regarding processing my personal data. Before signature, I also have been informed that current version of the Information I can find on the following webpage: <http://www.multiplesclerosis.cz/>

Signature of Patient / or Patient’s Legal Representative<sup>1</sup>:

.....Date.....

Signature of the Doctor who Informed the Patient about this Project:

.....Date.....

<sup>1</sup> In case of persons under 18 Years of Age