

IMPULS, Foundation Fund – Consent with the Processing of Personal Data in the Register of Patients with Multiple Sclerosis in the Czech Republic

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

Name of patient:

Date of birth:

Name of legal representative* :

In accordance with the applicable provisions of Act No. 101/2000 Sb., on Personal Data Protection, as amended, and other legal regulations, I hereby **give my explicit consent** to allow **IMPULS, Foundation Fund**, organisation ID no. 261 69 428, having its registered office in Prague 2, Kateřinská 30, postcode 128 08, registered in the foundation register maintained by the Municipal Court in Prague, Section N, File 325 (hereinafter referred to as the “**IMPULS**”), to collect, process and maintain some of my personal data (including sensitive data) in the register of patients with multiple sclerosis in the Czech Republic (hereinafter referred to as “**ReMuS**”), including my personal number and the information on my state of health and to do so in such manner, in such scope and for such purposes and on such terms and conditions as stated in the Information Document on the Processing of Personal Data in Connection with the Register of Patients with Multiple Sclerosis (ReMuS) in the Czech Republic (hereinafter referred to as the “**Information Document**”).

I grant my consent to the IMPULS Foundation Fund for the period of my lifetime.

I confirm that:

- I have been informed in detail of the objectives and purposes of the processing of my personal data in the ReMuS;
- I have understood that the granting of my consent to the processing of my personal data in the ReMuS is voluntary and that I can revoke a granted consent at any time without this having any impact on the course of my further treatment;
- I acknowledge that the granting of my consent with the processing of my personal data in the ReMuS and the subsequent collection, processing and maintenance of my personal data in the ReMuS is not associated with the provision of any remuneration;
- before signing this consent, I acquainted myself with the Information Document as amended as of the date of the signing of this consent, which also contains information my rights in connection with the processing of my personal data. Before signing, I was also informed that I can get the up-to-date version of the Information Document anytime on the following website:
<http://www.multiplesclerosis.cz/>

Signature of the patient / the patient's legal representative* :

.....Date:.....

Signature of the physician who informed the patient of this project:

.....Date:.....

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* State for persons younger than 18 years or persons with limited legal capacity