**DATA SUBJECT CONSENT FORM**

I,

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*/ data subject name /*

am hereby consenting that MEDICAL UNIVERSITY – SOFIA can process the following personal data:

PIN, three names; copy of identity card; Permanent residence; Phone, Email, Place of Birth, Citizenship, Family Status, Photo, Signature, Curriculum Vitae, Copies of Diplomas, Health Status, Bank Accounts, Family Members

for the purpose of

* Education activities
* Taking exams
* Scientific activities
* International exchange
* Carrying out practices, internships
* Publication of exam results on the University / Faculty website
* Granting scholarships
* Visiting the University / Faculty Library
* Issuing assurances, references and certificates
* Issuing of diplomas and European Diploma Application
* Accommodation in a dormitory

I am aware and I was informed that I may withdraw my consent, only in respect of the personal data which does not affect the lawfulness of the processing, at any time by using the “DATA SUBJECT CONSENT WITHDRAWAL FORM,” either by sending it via email at [dpo@mu-sofia.bg](mailto:dpo@mu-sofia.bg) or by post on the following address: 15 Acad. Ivan Geshov blvd., Sofia, Bulgaria, Data Protection Officer

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/ *data subject name* /

Signature: Date:

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**Confidentiality declaration**

**1. What is confidential information** - any information containing personal data (any information relating to an identified natural person or a natural person that can be identified ("the data subject") directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person) associated with the personality and health status of patients who visited and who are currently visiting the **university hospitals that are base units for training of the Medical University- Sofia.**

**2. What is considered to be disclosure of confidential information:** any kind of verbal or written statement, transmission of information on paper, electronic or other media, including mail, fax or e-mail as well as any other means of disclosure of information, including through mass media, print media or the Internet, which would lead to the identification of the respective natural person and the disclosure of information about him/ her.

**3. What is the purpose of the Declaration:** this Declaration is provided in relation to the implementation of the regulatory requirements of the General Data Protection Regulation (Regulation (EU) 2016/679), with the aim of taking measures to protect the personal data of patients at the **university hospitals, which are base units for training of the Medical University- Sofia.** All medical students have access to these base units while undergoing their practical training.

I, the undersigned ....................................................................................

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(Full Names)

**I declare that:**

1. I will not disclose in any way confidential information about patients at the university hospitals, which are base units for training of the Medical University- Sofia, which came to my knowledge during the training at the Medical University- Sofia.

2. All the information that is available to me concerning patients at the university hospitals which are base units for training of the Medical University -Sofia - will be protected and used in good faith solely for the purpose of the conducted training, without disclosing/ communicating it or disclosing it in any way, which may lead to the identification of a natural person and the disclosure of the personal data relating to him/her.

3. What liability shall I incur in case of breach of the confidentiality clauses: compensation for damages.

Date: ..................... Signature: .............................

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