

The Patient's Consent with Providing Information
Gyn Krup Inc.



HEALTH CARE SERVICE PROVIDER

| | |
|----------|--|
| Name | Gyn Krup s.r.o. |
| Worksite | Palackého 720/5, Praha 1 |
| Tel. | +420 848 500 849, +420 222 928 354, +420 602 220 120 |
| E-mail | palackeho@gynkrup.cz |

(Hereinafter referred to only as the "Provider")

PATIENT

| | |
|----------------|--|
| Name / Surname | |
| Date of Birth | |
| Address | |
| Tel. | |
| E-mail | |

(Hereinafter referred to only as the "Patient")

The Patient explicitly requests that the Provider sends all the information regarding his/her health condition by means of a secured e-mail to:

..... ,

or

to have the Provider provide this information by telephone, based on the stated password, which is:

(ID)

or

using the GynKrup application (on-line system / on-line results) based on the assigned ID and password.

The Provider has informed the Patient in relation to providing health care services, including a medical report, laboratory results and other outputs and documents containing personal data and the Patient's special personal data, which will be sent to the Patient's e-mail address, as stated above, upon the Patient's request, using a secure e-mail channel, or based on the above stated password.

The Provider explicitly warns the Patient that he is acting based on the Patient's request and is not liable for any possible incorrect, incomplete or other undesired sending or handling of this information.

The Patient understands the information provided, acknowledges and further:

- Requests that information be sent to the stated e-mail address
- Requests that the information about the health condition be provided by telephone, based on a password
- Requests access to the information and health condition (examination results) by means of the GynKrup application (on-line system / on-line results) based on an ID and password

The Patient confirms this by his signature below

In On

.....

Provider

.....

Patient

The Patient's Consent with Providing Information
Gyn Krup Inc.



HEALTH CARE SERVICE PROVIDER

| | |
|----------|--|
| Name | Gyn Krup s.r.o. |
| Worksite | Chmelová 2920/ 6, Praha 10 |
| Tel. | +420 848 500 849, +420 272 652 201, +420 602 220 120 |
| E-mail | chmelova@gynkrup.cz |

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| Date of Birth | |
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| E-mail | |

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Gyn Krup Inc.



HEALTH CARE SERVICE PROVIDER

| | |
|----------|--|
| Name | Gyn Krup s.r.o. |
| Worksite | Mladoboleslavská 514, Praha 9 – Vinoř |
| Tel. | +420 848 500 849, +420 234 129 789, +420 602 220 120 |
| E-mail | vinor@gynkrup.cz |

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