



Life & Elderly Care

EXPLICIT CONSENT

Life & Elderly Care d.o.o.

Tolstojeva 41, 21000 Split · OIB 37869781420
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to the processing and disclosure of personal data and health data

This consent is voluntary. It allows Life & Elderly Care d.o.o. (LEC) to process and disclose your personal data and health data to the extent necessary for the service you have requested.

1. Details of the data subject

Full name

Date of birth

OIB (if applicable)

Address

Telephone / e-mail

2. Consent

I expressly consent to Life & Elderly Care d.o.o. (LEC) processing my personal data and health data that I have voluntarily provided or that LEC receives in connection with the service I have requested.

This may include in particular:

- contact details and personal data;
- health insurance and cost-bearer information;
- medical records, medical findings and diagnoses;
- information on treatment, therapies, medication, rehabilitation and care needs;
- documents required for reimbursement, German care-grade (Pflegegrad) procedures or other agreed procedures.

3. Purpose of processing

LEC may use these data solely to the extent necessary to provide the service I have requested, in particular for:

- organising and coordinating medical appointments, therapies, rehabilitation, care and other services;
- arranging appointments, transport and other organisational matters;
- communicating with healthcare facilities, doctors, therapists and other service providers;
- communicating with health insurers, long-term care insurers (Pflegekasse), Medizinischer Dienst, Medicproof or other competent bodies where necessary for the agreed service;
- preparing, forwarding and following up on required documentation.

4. Disclosure of data

I expressly consent to LEC, where necessary to carry out my request, disclosing only the personal data and health data required for that purpose to relevant doctors, healthcare and rehabilitation facilities, therapists, care providers and other agreed service providers, health or long-term care insurers, competent authorities and other service providers involved in my specific request.

I also consent to the above doctors, facilities and therapists providing LEC with the information and documents required for the further organisational coordination of my service.



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5. Family member / contact person – optional

Full name

OIB (if applicable)

Relationship to me

Telephone / e-mail

- ☐ organisational information only
- ☐ organisational and health-related information
- ☐ organisational, health-related and insurance / cost information

If this section is not completed, LEC will not disclose health information to third parties unless there is another appropriate legal basis or I provide additional consent.

6. Role of LEC

I understand that LEC provides organisational, coordination and administrative support. LEC is not a healthcare institution, does not diagnose, prescribe or determine treatment, change medication or make medical decisions. The relevant healthcare provider remains responsible for medical decisions and the healthcare services provided.

7. Voluntary nature and withdrawal of consent

This consent is voluntary. I may withdraw it at any time with effect for the future by contacting info@life-elderlycare-croatia.com. Withdrawal does not affect the lawfulness of processing carried out on the basis of my consent before its withdrawal. If personal data or health data are necessary to provide the service I have requested, withdrawal may mean that LEC can no longer provide all or part of that service.

I have read and understood the Privacy Policy of Life & Elderly Care d.o.o.

DECLARATION

☐ **YES – I expressly consent to the processing described above and, where necessary for the performance of my service, to the disclosure of my personal data and health data.**

Place and date

Full name in block letters

Signature

If consent is given by a legal representative / authorised representative:

Full name

Capacity / relationship

Signature