

## INFORMED CONSENT

By ticking the box, I hereby confirm the following:

- a) Upon my own request, I order from **Medirex s. r. o.**, Company ID: 35 766 450 (hereinafter referred to as the "**Provider**"), a non-invasive assessment of lactose and/or fructose intolerance, as well as an assessment of bacterial overgrowth in the small intestine (SIBO), by means of a breath test (hereinafter referred to as the "**Test**");
- b) I have been informed about the price of the Test according to the Provider's price list and I hereby consent to pay the price of the Test to the Provider, as the Test is not covered by public health insurance (Section 8 (a) of Act No. 577/2004);
- c) prior to performing the Test, I had been informed comprehensibly, in a considerate manner free of coercion about the purpose, nature, possibilities, other alternatives, consequences and risks of the Test (Section 6 of Act No. 576/2004) and I had the opportunity to make a free decision regarding the Test;
- d) I have also been instructed about the process of the Test at the Provider's medical facility, during which I will receive a liquid containing lactose, fructose or lactulose and breathe into the designated device to enable evaluation of the level of my lactose and fructose intolerance or to perform the SIBO test. In case the intolerance is, in fact, present, temporary digestive problems (e.g. bloating, nausea, diarrhoea or abdominal pain) may occur during the Test. These are a natural part of the diagnostic process;
- e) I have not concealed any disease or contraindication that could affect or be related to the Test. I am aware that concealing any information concerning my state of health may have direct or indirect consequences on an increased the risk associated with the Test.

At the same time, by checking the box, I hereby acknowledge the following:

- a) The Provider, as the data controller, is entitled to process my personal data specified in the medical records for the purpose of performing the Procedure directly on the basis of legal regulations in the field of health care and GDPR Regulation No. 2016/679;
- b) information on the scope of rights relating to my personal data, including the right to lodge a complaint with a supervisory authority and the right to withdraw consent in certain cases, is published by the Provider on the following website: [www.medirex.sk/legislativa](http://www.medirex.sk/legislativa);
- c) in order to achieve the purpose for the provision of personal data, the Provider is entitled to disclose my personal data to processors, in particular to companies in the MEDIREX Group, as indicated online at [www.medirex.sk/legislativa](http://www.medirex.sk/legislativa);
- d) I can reach the Provider's data protection officer by e-mail at the following e-mail address: [dpo@medirex.sk](mailto:dpo@medirex.sk);
- e) the Provider shall not be liable for any consequences that may arise as a result of my provision of false or incomplete information to the Provider during the initial consultation prior to the Test; and
- f) the Provider reserves the right to entrust the implementation of the Test to its employee with corresponding professional qualification .