

CONSENT FORM

In compliance with Republic Act 10173 also known as the Data Privacy Act of 2012, we need your Consent to allow us to collect and process your information with the following purposes: accreditation; use in patient's data record per availment; processing of bills and evaluation/survey.

We will only disclose and share your information with our service providers who may also help us in assessing your application.

Withholding or withdrawal of such Consent may prevent us from including you in our list of accredited providers.

You are afforded with certain rights and protection in accordance with the said Act and you may visit www.medicardphils.com/privacy or email privacy@medicardphils.com for more information.

By signing below, we will consider that you agree to give your Consent to us.

Signature over printed name