



In compliance with legislation currently in force on the protection of personal data, we hereby inform you of the following basic details on data privacy and protection:

BASIC INFORMATION ABOUT PERSONAL DATA PROTECTION	
Data controller	CLINICA UNIVERSIDAD DE NAVARRA (CUN). CUN has appointed a Data Protection Officer, whose contact details are: dpocun@unav.es
Purpose of processing	Healthcare and medical attention.
	Managing invoicing of healthcare.
	Use of data for research purposes by CLINICA UNIVERSIDAD DE NAVARRA.
	<input type="checkbox"/> I Consent <input type="checkbox"/> I Do Not Consent
	Sending information about the activities and new developments of CLÍNICA UNIVERSIDAD DE NAVARRA, Universidad de Navarra and/or CIMA, and for sending advertising and promotional content related to CLÍNICA UNIVERSIDAD DE NAVARRA, and/or third parties (Universidad de Navarra, CIMA and Collaborating Organisations).
	<input type="checkbox"/> I Consent <input type="checkbox"/> I Do Not Consent
Legal standing for processing	Sending information and/or invitations to participate in information sessions about projects and advances in biomedical research conducted at CLÍNICA UNIVERSIDAD DE NAVARRA and/or CIMA, either individually or in collaboration with other scientific research bodies.
	<input type="checkbox"/> I Consent <input type="checkbox"/> I Do Not Consent
	Students at the CLINICA UNIVERSIDAD DE NAVARRA, for educational purposes.
	<input type="checkbox"/> I Consent <input type="checkbox"/> I Do Not Consent
	Signing, performance and development of legal and/or contractual relationships between the data subject and CLINICA UNIVERSIDAD DE NAVARRA.
	Compliance with legal obligations.
Recipients	Legitimate interests of CLINICA UNIVERSIDAD DE NAVARRA.
	Consent of data subject.
	Preventive or occupational medicine purposes, evaluation of the work capacity of the worker, medical diagnosis, provision of health or social care or treatment, or management of health and social care systems and services, in accordance with the provisions of article 9.2 point h) of the RGPD.
	Public Bodies and Administration.
	Insurance companies.
Rights of data subject	Suppliers of healthcare products and materials and pharmaceutical companies
	Financial institutions.
	You have the right to access, rectify and erase the data, limit processing, block processing and to exercise your right to portability of personal data, at no cost, as defined in the complete information about data protection, as well as to withdraw your consent at any time, all free, as detailed in the complete information on data protection.
	You can exercise your rights in writing to CLÍNICA UNIVERSIDAD DE NAVARRA.
	<ul style="list-style-type: none">If you are a patient in Pamplona, the postal address is: Avenida Pío XII, 36, 31008, Pamplona. Patient Assistance Service Or the electronic mail address protecciondedatosnav@unav.esIf you are a patient in Madrid, the postal address is: Calle Marquesado de Santa Marta, 1, 28027 Madrid. Data Security and Protection Unit Or the electronic mail address protecciondedatosmad@unav.es



Complete details about data protection

We advise you to read the detailed information about data protection available at <https://www.cun.es/tratamiento-datos-personales-4-junio-2018>. You can also ask for it in paper format when you sign.

We inform you that, as the signer, you accept that the document is signed electronically by means of your digital signature. If you use the digitized signature system, CUN will process the biometric data associated with said signature solely for the purposes of maintaining the traceability of the receipt and acceptance of the documentation. If you do not wish to provide such information, you can sign the paper document.

In the event that the patient provides the identification and contact data of the people linked to it for family reasons or in fact, so that CUN can keep them informed about their health status, the patient undertakes to inform them about the treatment that CUN will carry out of your personal information.

....., 31 de March de 2021

Patient _____

Nat. ID No. _____

Patient's Legal Representative

Mr/Ms. _____

Nat. ID No _____

Signature:

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