

Request and/or Authorization Form for "Distance Second Opinion Consultation"

Please fill out the corresponding option:

DATA OF THE APPLICANT (patient)

Mr. /Mrs. /Ms. _____ over 16 years of age,
residing in _____,
Postal code _____ Town/locality _____,
City/province _____, ID _____, of which a photocopy is
provided¹.

Requests and authorizes Clínica Universidad de Navarra to emit and subsequently submit to the
above-mentioned address a second opinion evaluation based on the provided medical
documentation/ information.

In _____ on _____ 20____

Signature of the applicant (patient): _____

AUTHORIZATION OF THE PATIENT TO THIRD PARTY

Mr. /Mrs. /Ms. _____, over 16 years of age,
residing in _____, postal
code _____ Town/locality _____, City/province
_____, ID _____, of which a photocopy is provided¹.

Authorizes Mr./Mrs./Ms _____, ID
_____ (include photocopy¹) to handle on my behalf a distance second
opinion consultation.

Requests and authorizes Clínica Universidad de Navarra to emit and subsequently submit to the
above-mentioned address a second opinion evaluation based on the provided medical
documentation/ information.

Or in case he/she wishes so to the address of the authorized person (please indicate address):

.....

In _____ on _____ 20____

Signature of the patient

Signature of the authorized person

Note:

1. It is necessary to bring a **photocopy** of ID or **equivalent identification document**, which is considered valid in law, so that the responsible of the treatment can make the relevant checks.

*In compliance with the legislation of data protection CLÍNICA UNIVERSIDAD DE NAVARRA (CUN) informs you that your personal data are processed with the purpose of elaborating a second opinion report that was requested by you. The legal basis for the data processing is the management of the legal relationship established between you and CUN. We inform you that we do not disclose your data to third parties and that we maintain the data within the applicable legal deadlines as long as the established legal relationship remains standing, provided that you exercise your suppression right.

You can exercise your rights of access, rectification, suppression, opposition and limitation of the data processing and portability through a written letter accompanied by a copy of your ID or equivalent to the following address: if you have established a relationship with CUN Pamplona: Avenida Pío XII, 36, 31008 Pamplona or to: protecciondedatosnav@unav.es; if you have established a relationship with CUN Madrid to: Calle Marquesado de Santa Marta, 1, 28027 Madrid or to: protecciondedatosmad@unav.es. You can also lodge a complaint to the Spanish Data Protection Agency (AEPD) (www.aepd.es) and contact our Data Protection Representative at dpocun@unav.es. For more information on data processing that we carry out you can refer to our Privacy Policy.