

Explicit Consent Form

I hereby acknowledge and declare that I give my explicit consent for the processing of my personal data specified below by **Bosphore Medikal Sağlık Turizm ve Danışmanlık Hizmetleri Anonim Şirketi**, as the data controller, in accordance with the provisions of the Law on the Protection of Personal Data No. 6698 and the General Data Protection Regulation of the European Union:

▪ **Health information**

- Information regarding my current health condition, and
- Information about the requested treatment.

Your personal data may be processed for the purposes of providing and managing health tourism services, performing reservation procedures, planning and implementing healthcare services and treatment processes, providing information about our services, responding to your requests, and providing customer support.

Your personal data may be transferred to authorized public institutions and organizations, healthcare institutions and providers, and business partners for legal requirements and the performance of services. Additionally, it may be shared with healthcare institutions and service providers abroad with necessary security measures in place.

I freely, explicitly, and informedly consent to the processing, sharing, and transfer of my personal data abroad for the purposes mentioned above. I am aware that I can withdraw my explicit consent at any time.

Name and Surname:

Date:

Signature: