



## Authorization for the release and transmission of health data

I, the undersigned \_\_\_\_\_ born  
in \_\_\_\_\_ DOB \_\_\_\_\_ and resident  
in \_\_\_\_\_.  
\_\_\_\_\_ adheres to the "CareMedica  
International" health care program (membership no. \_\_\_\_\_).

As such, I authorize CareMedica International medical staff to access all information about my health and clinical status at any time.  
In this regard, I agree to the exchange of all specific clinical data and information regarding my condition, including laboratory analyzes, medical tests and procedures, pharmacological and treatment protocols used.

CareMedica International will use the data and information received solely to help safeguard my health, and will keep such information confidential with all the security criteria that comply with current European and international directives regarding patient privacy (GDPR and HIPAA).

For direct communications and any clarification, please contact CareMedica International at the email address [info@caremedicainternational.com](mailto:info@caremedicainternational.com)