

FREE AND INFORMED CONSENT FORM FOR APPOINTMENTS VIA TELECONFERENCE

The **ASSOCIAÇÃO FUNDO DE INCENTIVO À PESQUISA** (Research Incentive Fund Association, or **AFIP**), represented by the **INSTITUTO DO SONO**, presents information in this FORM to clearly guide the patient and/or legal guardian – in this case, you – about therapeutic approaches in the telemedicine system (online appointments), as authorized by Ordinance 467 of the Ministry of Health, of March 23, 2020, and by Law 13,989, of April 15, 2020, stemming from the state of calamity brought on by the global COVID-19 pandemic, as well as providing information on how the processing of the personal data provided and collected within the scope of the entire treatment will be carried out.

GENERAL GUIDELINES ON SERVICE

When conducting the medical appointment, you hereby pledge to fully follow the instructions provided by the doctor and be aware that any noncompliance may entail risks and side effects for you. You should also be aware that this telemedicine interaction is confidential and cannot be broadcast on social media or other media.

The treatment adopted does not guarantee a cure. The course of the illness and the treatment may force the doctor to modify the procedures initially proposed. In this case, that doctor is authorized, from this point forward, to take any measures needed to try to resolve the problems that have arisen according to their best judgment.

THE **INSTITUTO DO SONO** emphasizes that in case of emergency or an urgent need for care, you should seek an emergency or hospital unit.

During the appointment, the doctor will be able to inform you about alternative therapeutic methods that will be presented through clear and accessible language.

WHAT DATA WILL WE REQUEST

The **INSTITUTO DO SONO** ensures the privacy and protection of your personal data and complies with the Brazilian General Data Protection Law – Law No. 13,709/2018 (“LGPD”), processing it in a legitimate manner and applying appropriate security measures.

The **INSTITUTO DO SONO** agrees to handle personal data and sensitive personal data strictly for the purposes set out in this form, preventing and keeping it from being used for any other purposes unrelated to those described herein or by unauthorized third parties.

What do we collect?	Why do we collect it?
Registration Information	
Full name	1. To identify you;
CPF (Individual Taxpayer Registry) No.	2. To comply with the obligations arising from the use of our services;
RG (Identity Card) No.	3. To ensure the portability of the Registration Information to another Controller of the same branch of our performance, if requested by You, complying with the obligation of Article 18 of the Brazilian General Data Protection Law;
Email	
Telephone numbers for contact	
Date of birth	
Address	4. To notify you about news, features, content, news and other events that we consider relevant, through our newsletter;
Gender	5. To send an invitation to participate in the online appointment;
Weight	6. CIHA (Hospital and Outpatient Information Communication) Government Information Control System – Ministry of Health;
Height	7. To contact you to confirm the time and day of the appointment;
	8. To issue controlled prescriptions;
	9. To Protect you by preventing fraud and associated risks, in addition to complying with legal and regulatory obligations.

Health Data	
Medical request	1. Request authorization to perform an examination, if needed, from your health insurance provider.
Health Insurance card	
Insurance authorization	
Data about your health	
Referrals and procedures performed; dates for appointments; diagnostic hypotheses or diagnoses; health and family history; use of medication; Biological material; genetic data, medical history, physical examination, exam data, treatment information.	1. Healthcare provider; 2. Tracking your health and well-being
<p>The functions described in the table above have a direct relationship with the service that will be provided and with the legal obligations that INSTITUTO DO SONO must comply with, so that the non-acceptance by the holder prevents us from continuing to provide services.</p> <p>For the items below (1 and 2), your consent is optional. This means that if you “Authorize,” you consent to having your Personal Data and Sensitive Personal Data that is provided above processed by the scientific team, doctors and partners in the research and teaching area of Sleep or other health areas.</p>	
1 – For sending any invitations to allow me to take part in specific research, analysis and studies.	<input type="checkbox"/> Authorize <input type="checkbox"/> I do not authorize
2 – For scientific studies and a profile analysis, with a guarantee that my information remains anonymous so that my identity is not revealed in case it is used for sharing purposes in scientific research, press releases or advertisements.	<input type="checkbox"/> Authorize <input type="checkbox"/> I do not authorize

HOW YOUR DATA AND RESULTS WILL BE PROTECTED

Internally, any Personal Data and Sensitive Personal Data collected are only accessed by authorized professionals, respecting, among others, the principles of necessity, transparency and security for the purposes described in the table above.

HOW LONG WILL WE STORE YOUR DATA AND RESULTS

STORAGE PERIOD	LEGAL BASIS
Patient health and identification data (examination results, medical request, health information provided during the consultation)	
20 years, as of the last registration	Art. 8 of Resolution No. 1,821/2007 of the Federal Medical Association (CFM) Art. 6 of Law No. 13,787/2018
Other Registration information	
5 years after the end of the relationship	Art. 12 and 34 of the Consumer Protection Code
Other data	
For as long as the relationship lasts and there is no request for elimination or revocation of consent	Art. 9, Item II of the Brazilian General Data Protection Law

For purposes of auditing, inspection, security or compliance with a judicial, legal or regulatory entity, we may keep a record of your Data for a longer period in the event that the law or regulatory rule stipulates or to preserve rights.

HOW WILL WE SHARE YOUR DATA AND RESULTS

Data collected and activities recorded, including samples and results, may be shared as follows:

- With laboratories and service providers that will provide support to **INSTITUTO DO SONO** the care and diagnosis;
- With the relevant judicial, administrative or governmental authorities, whenever there is a legal determination, petition, request or court order;
- In an epidemiological and surveillance role with health offices and health departments;

- Automatically, in case of corporate transactions, such as merger, acquisition and incorporation;

CUSTOMER SERVICE CHANNEL:

You declare awareness that you may contact **INSTITUTO DO SONO** through the channels below to receive information, ask questions or make requests related to any services provided by **INSTITUTO DO SONO**, as well as to exercise your rights related to your Personal Data.

- **Clínica do Instituto do Sono:** +55 (11) 2108-7666 – Hours of Operation: Monday to Friday – from 7:00 am to 8:00 pm, and Saturdays – from 7:00 am to 1:00 pm;

GENERAL GUIDELINES:

The non-exercise, by **INSTITUTO DO SONO** or by you, of any rights or faculties described in this term or by Brazilian legislation, will not imply the waiver of your rights or change in items and rules of this term, and **INSTITUTO DO SONO** or you may exercise them at any time.

PATIENT DECLARATION

I, _____, declare that I have read and have been sufficiently informed about the information contained in this form, and have expressed my specific consent for the purposes described above. I give full authorization to Dr. _____, member No. _____ of the São Paulo Medical Association (CRM-SP) and **INSTITUTO DO SONO** to perform the necessary examinations to diagnose my health status as well as therapeutic procedures in the telemedicine system (online appointment) as authorized by ordinance No. 467 of the Ministry of Health, of March 23, 2020, and by Law 13,989, of April 15, 2020, due to the state of emergency caused by the global COVID-19 pandemic. I am aware of the processing of my personal data, including health data (sensitive personal data), in compliance with the Brazilian General Data Protection Law and other applicable personal data protection regulations. I declare, moreover, that:

I- The aforementioned doctor notified me about the limitations (absence of physical examination) of this type of care and its exceptional nature;

II- The aforementioned doctor, in compliance with the provisions of articles 22 and 34 of the Code of Medical Ethics, suggested medical treatment, providing detailed information on the diagnosis and on the procedures to be adopted in the treatment.

São Paulo, _____, _____.

Patient signature

I, the legal guardian of the participating minor, who is 12 (twelve) years of age or younger, declare to be aware of and express consent to processing the Personal Data of the minor, including health data (sensitive personal data), for the purposes described in this form and in compliance with article 14, §1 of the Brazilian General Data Protection Law.

Name of guardian: _____

Signature of guardian: _____