

CONSENT FORM

Berrin Pehlivan (hereinafter referred to as “ONKOLOG”) is the “data controller” regarding personal data of our clients under the Law No. 6698 on the Protection of Personal Data (“Law”). This Consent Form aims to obtain explicit consent from clients for the personal data processing activities to be carried out by ONKOLOG in accordance with the Law and as outlined below.

In cases where the personal data processing conditions specified in Articles 5/2 and 6/3 of the Law are not met, ONKOLOG must obtain explicit consent from clients for the processing of personal data. Data processing activities are conducted under the Information Text for processes that do not require explicit consent, and in processes requiring explicit consent, data is processed in accordance with the basic principles specified in the Information Text.

In this context, clients’ personal data will be processed by ONKOLOG for the following purposes:

- Verifying your identity
- Preparing and implementing appropriate treatment and healthy living programs
- Planning and managing consulting services and financing
- Sharing requested information with public institutions and organizations according to relevant regulations
- Planning and managing the internal operations and daily activities of the Consulting Center and its affiliated centers
- Measuring client satisfaction, communicating with you regarding our services
- Conducting customer acquisition activities and sharing offers related to our services
- Informing you about appointments if you make one
- Meeting legal and regulatory requirements
- Performing risk management and quality improvement activities
- Marketing, Media, and Communication, including participation in campaigns and providing campaign information by the Call Center authority
- Designing and transmitting special content, tangible and intangible benefits on web and mobile channels

In accordance with the client’s approval, personal data will be shared with important parties involved in the operation of the company, primarily its employees, as specified in the Information Text.

I consent to the processing, use, and sharing of my personal data, including special categories of personal data defined in the KVK Law, within the scope of the relevant process and for the specified purposes, and I acknowledge that I have been properly informed about this matter; I have read and understood the ONKOLOG Personal Data Protection and Processing Regulation and the Information Statement.

In this context:

- I consent to the use of my personal data as described above.
 - I consent.
 - I do not consent.

- I consent to the sharing of photos taken during consultations on social media platforms.
 - I consent.
 - I do not consent.

Client or Client’s Guardian/Trustee

Full Name:

TC Identity Number:

Address:

Date – Signature :

(Please write “I have read, understood, and accept” along with your signature.)

(We request that individuals aged 16 and above, in addition to their guardians, also fill out this section.)

Full Name:

TC Identity Number:

Address:

Date – Signature :

(Please write “I have read, understood, and accept” along with your signature.)