



**PHILIPPINE COLLEGE
OF PHYSICIANS**

DATA PRIVACY CONSENT FORM

By signing this consent form, I _____ grant my free, voluntary, and unconditional consent to the collection and processing of all Personal Data (as defined below) by the Philippine College of Physicians (PCP) as the Personal Information Controller and Personal Information Processor.

The personal information collected will be used for the following purposes:

1. For documentation and processing of inquiries and requests within the PCP, enable the PCP to properly address and forward to the appropriate internal units of the organization for action and response.
2. For organization purposes - to facilitate the organization of the event (present and upcoming) and to provide you with the appropriate updates and advisories in an appropriate format and orderly and timely manner.
3. For medical/emergency purposes to understand the medical needs of participants in case of emergency, and to comply with the organization's initiatives to protect employees and its guests from Covid-19 and compliance with government regulations; and
4. To be able to provide the appropriate action that a data subject may require concerning their data privacy rights.

Moreover, we may collect other personal data that are relevant and necessary to perform our mandate of providing compliance support and data subject assistance.

We will share your Personal Data to committees within the PCP and PCP staff which perform data processing tasks and store within the current fiscal year.

Printed Name, Signature, and Date

Witness:

Printed Name, Signature, and Date