NOTICE ON THE PROCESSING OF PERSONAL DATA

Özel Dentgrp Ağız ve Diş Sağlığı Polikliniği Sanayi ve Ticaret Limited Şirketi

Prepared pursuant to Article 10 of the Turkish Personal Data Protection Law No. 6698.

As Özel Dentgrp Ağız ve Diş Sağlığı Polikliniği San. ve Tic. Ltd. Şti. (the “Clinic”), acting as the data controller, we hereby inform you about the processing of your personal data as follows.

1. Identity of the Data Controller

Title: Özel Dentgrp Ağız ve Diş Sağlığı Polikliniği Sanayi ve Ticaret Limited Şirketi
Address: Seyfi Demirsoy Caddesi No:13/B Buca / İzmir MERSIS No: 0685052988800001
Telephone: 0232 452 74 52 KEP Address: dentgrp@hs01.kep.tr

2. Categories of Personal Data Processed

Within the scope of the healthcare services provided by our Clinic, the following categories of personal data may be processed: Identity data (name, surname, Turkish ID number, date of birth, gender); Contact data (telephone number, e-mail address, address); Health data (examination, diagnosis, treatment, anamnesis and imaging records – only for the provision of healthcare services); Financial data (payment, invoice and insurance information); Transaction security data (IP address and system log records); Visual data (before-and-after treatment photographs and video recordings – only where your explicit consent has been obtained).

3. Purposes and Legal Grounds for Processing Personal Data

Your personal data are processed for the purposes of providing healthcare services and carrying out diagnosis, treatment and follow-up processes, based on Article 6/3 of the Law; performance of the contract (Art. 5/2-c); for appointment and patient file management, performance of the contract (Art. 5/2-c); for fulfilling legal obligations, legal obligation (Art. 5/2-ç); for invoicing and financial transactions, performance of the contract and legal obligation; and for patient satisfaction and management of requests and complaints, legitimate interest (Art. 5/2-f).

4. Transfer of Personal Data

Your personal data may be shared, limited to the purposes stated above, with laboratories, imaging centers, consulting physicians, the Social Security Institution (SGK), private insurance companies, and legally authorized public institutions and organizations. Where a transfer abroad is involved, the provisions of Article 9 of the Law shall apply.

5. Method of Collection of Personal Data

Your personal data are collected through clinic application forms, appointment systems, face-to-face meetings, telephone, e-mail, website / mobile application forms, and health record systems, by automated or non-automated means.

6. Rights of the Data Subject

You may submit your requests concerning the rights listed under Article 11 of the Law in writing to the KEP address dentgrp@hs01.kep.tr or to Seyfi Demirsoy Caddesi No:13/B Buca / İzmir. Your applications will be concluded within thirty days at the latest.

DECLARATION OF CONSENT

Within the scope of the information provided above, I consent to the processing of my personal data for the purposes specified and in accordance with the provisions of Law No. 6698, and also to the transfer of my personal data to laboratories, imaging centers, consulting physicians, the Social Security Institution, private insurance companies, and authorized public institutions and organizations.

Date: .... / .... / ..... Full Name: ..... Signature: .....

EXPLICIT CONSENT DECLARATION

Regarding the Sharing of Photographs, Visual Materials and Personal Information on Social Media and in Printed / Digital Media

I hereby give / do not give my explicit consent to the use and sharing of my before-and-after treatment photographs, video recordings, and personal information that may indirectly reveal my identity (such as name and surname, age range, type of treatment applied, etc.) for promotional, informational and educational purposes on the Clinic’s social media accounts (Instagram, Facebook, TikTok, YouTube, website, etc.), in printed promotional materials (brochures, catalogues, posters), and in digital media. I understand that I may withdraw this consent at any time and without giving any reason.

☐ YES, I give my explicit consent ☐ NO, I do not give my explicit consent

Date: .... / .... / ..... Full Name: ..... Signature: .....