

To:  
InfoClinic ONLUS  
Via Caronni,9  
20052 Monza

....., li ...../...../.....

Subject: subscription request

I, the undersigned, ....., born in ..... on ...../...../..... ,  
domiciled in ..... , ZIP CODE ..... at Via/Piazza ..... ,  
request subscription in your organization beginning immediately.

As soon as I will have received confirmation of the acceptance of the request, I will send my personal documents (a recent photo, clinical files and any x-rays, echographs, etc., and a personal medical history), to the address that you will have communicated to me, expressly asking that they be archived under my name, and on my behalf, on your server, so that they will be at my exclusive disposition and, therefore, accessible only to me and to those persons for whom, from time to time, I will consider it suitable and useful. It will be your responsibility to handle my personal and sensitive data respecting all the provisions of current law on the subject of protecting the privacy of personal information.

To access this data, you will provide me with a username and a password.

I will be able to change the password on-line at any time for reasons of security. I may also request that the password be changed by writing to your headquarters.

After the documents are archived on your server, you will send me my personal Medical Card, bearing my photo, and information about my main diseases, the Internet address where my data can be accessed and the password assigned to me. The Medical Card will also show several pieces of additional information, such as the telephone number of family members to be contacted in case of need, my address and information about any hospital or doctor of reference.

The Medical Card will constitute an integral part of my personal documents and will be protected by me as such.

You will handle the personal documents that I will send you for the sole purpose of acquiring the images to be archived and they will be returned to me in a timely manner, charging me for shipping costs, by express courier or registered mail, in the event that the courier service is not available.

In the case that I do not need the documents returned, because I have copies, I may authorize you to destroy them upon my specific request.

I attach the following to this application:

- 1) "Privacy" attachment
- 2) "Personal Data Sheet" attachment
- 3) acceptance of the contractual terms
- 4) payment receipt
- 5) photocopy of a personal identify document

In witness thereof

.....

## CONTRACTUAL TERMS

The company InfoClinic ONLUS is the sole owner of services provided by **InfoClinic.org** for the archiving of sensitive personal information and for the InfoClinic\_Mail service

Access to the service of archiving your sensitive personal data: the service may only be accessed by adults, or minors with the authorization of a parent or legal guardian.

Enrolment and data-collection methods: those who wish to join must apply by sending the enrolment application, personal information sheet, consent to the handling of your personal data (law on privacy), acceptance of the contractual terms, a copy of the payment of the annual dues in advance and a photocopy of an identify document to the central headquarters of InfoClinic ONLUS, by mail or fax. As soon as the request is accepted, the applicant will be informed in a timely manner of the address of the local office where the documents necessary for the completion of the service are to be delivered. The documents to send are: a recent photograph, the packet of clinical files that you wish to archive, together with a complete medical history that you may complete yourself, even though it is highly recommended that it be filled out by your own doctor.

Data processing methods: as soon as the associate delivers the documents to the address communicated, a person will be assigned to acquire the images, reproducing the originals with access to only that personal data whose knowledge is strictly necessary for the fulfilment of the assigned tasks. Particular care will also be taken with respect to the data security measures implemented in observance of the requirements of article 26 of DL 196 of 30/06/2003. No manual transcription or copy will be made by the assigned personnel, in order to exclusively archive original copies, clearly bearing the name of the patient and the facility that produced it. Even x-rays will be acquired as images and we recommend that you only send important film. Once acquired, the images will be placed in a file and archived on a server consultable from the Internet through the entry of a username and password. This file will also be archived on in-house magnetic media to ensure a back-up copy. All servers are protected by a firewall to avoid unauthorized access. The documents containing the images and the member's information will be preserved, until their return, in containers/files equipped with locks and access controls. InfoClinic ONLUS will adopt all security measures suitable and necessary for guaranteeing the security of the personal data that is the object of handling, in conformity with the requirements of articles 33 and 34 of DL 196/2003.

Communication that the archiving is completed: when the file is ready for consultation, the member will be sent a personal "Medical Card" bearing his photograph and the emergency first aid information that will have been communicated, together with the Internet address where his sensitive data can be viewed, his personal username and the password needed for viewing the documents. The paper documents and any x-ray film will be available for the member to pick up or will be delivered by express courier (at the recipient's expense). The member has the right to authorize InfoClinic ONLUS to destroy the paper documents.

Username and password: The data may only be accessed by typing the username and password that will be provided by InfoClinic ONLUS on the Medical Card. These codes are assigned on a strictly personal basis and the member is directly responsible for their protection, must not divulge them to third parties and will be personally responsible for any damage deriving from their improper care. The member may change the password on-line, but will also need to change it on the Medical Card in his possession. In the event the card is lost or the possibility that others may have knowledge of the password, the member may request the change and issue of a new card, in writing. The member has the right to change the password, but will be charged for the issue of a new Medical Card.

Checking your data: as soon as he receives the Medical Card, the member is obligated to check that the username and password are working and that the archived documents are accurate. The responsibility for any possible temporary interruption of the Internet connection or its temporary malfunction, cannot in any way be attributed to the InfoClinic ONLUS association and the member is obligated to inform InfoClinic ONLUS of any service outages.

Updating your data: The member will be responsible for sending all necessary updates (x-rays, laboratory tests, etc.) to InfoClinic ONLUS, in a timely manner, after having received confirmation of the shipping address by voice or in writing, so that your archive will be kept up-to-date. The member will be entitled to one update for the first year and two updates for subsequent years. There will be a charge for any other updates required.

Size of the archive (web space): The size of the archive available to each member is 3 MB, which is usually sufficient to file about 30 pages written on white paper and about 10 images such as echographs and x-rays, with good consultation quality. In the event that the documents to be archived are significantly larger, the member will be informed of the additional space needed so that he can decide whether or not to eliminate some documents or purchase more space.

InfoClinic Mail: ID 1033 0 1f requested, the InfoClinic\_Mail service will allow all members to receive mail at the address [yourname@infoclinic.org](mailto:yourname@infoclinic.org), which will be forwarded to the e-mail address that the member will provide.

Payment method Payments of the member's dues and extra services must be made exclusively through postal current account, bank wire transfer or credit card directly on the site <http://www.infoclinic.org> no other form of payment will be recognized and no one can be authorized to accept any sums in cash.

Subscription dues: annual annual subscription dues are Euro 50.00, which must be paid in advance by one of the above methods. The first year will commence on the sixtieth day from the communication of the acceptance of your application (operational time required to collect the data). InfoClinic ONLUS reserves the right to change the annual association dues over time if inflation or other costs connected to the service should force a price revision, in which case all members will be informed in advance.

Costs of other services: the service of returning personal documents by express courier costs Euro 10.00 and, if necessary, can also be used to pick up the documents if you make arrangements by telephone.

The cost to activate the InfoClinic\_Mail service is Euro 3 per year. For all other services, we refer you to the "Costs of Services" section on the site <http://www.infoclinic.org>. These costs are subject to change, when necessary; we invite you to review them on the above web site.

Termination of the Service: The archiving service may be terminated upon the member's request or, for good cause, upon notice from the association in the form of a registered letter with return receipt. The service will automatically be suspended if the annual dues have not been paid within 60 days from the renewal date.

Having read and accepted

**InfoClinic ONLUS**  
Via Caronni, 9  
20052 Monza

.....

**Privacy Notice**

On the basis of the law on Privacy, we wish to inform you of your rights regarding the handling of your personal data in conformity with article 13 of DL no. 196 of 30/06/2003 currently in effect in Italy.

**1. Purpose for which the data is collected**

The InfoClinic® needs to know it in order to provide the service of archiving the member's sensitive personal data. The personal data is being collected for the sole purpose of storing it on computer for the exclusive consultation of the person involved.

All the data collected may be used in an anonymous form for exclusively statistical purposes.

Providing the data is optional, but without it we cannot provide the service that is an essential part of the association. The sensitive data is archived upon the members specific, informed request. The server on which the data will be archived is protected by a firewall to avoid the entry of third parties and the display of the information over the Internet requires a username and password.

**2. Method of handling the data**

The handling of the data and the collection, acquisition, publication and return or destruction of the documents will take place on the basis of the requirements of the current law on privacy.

The documents will be collected on paper and/or computer media and will be subjected to all processing necessary to achieve the final purpose indicated above, even with the use of electronic equipment.

**3. Secrecy**

The data will be kept in absolute professional secrecy and may not be communicated to third parties except upon the request of the police, judicial authorities or other security bodies in conformity with the law. After archiving, they will only be accessible from the Internet by entering a personal username and password which may be changed at any time directly by the member.

**4. Holder of the Data**

The "holder" of the personal data, in conformity with the law, is InfoClinic ONLUS, with registered office in Monza, at Via Caronni no. 9, and in conformity with article 7 of the above-mentioned legislative decree, the member may have access to it at any time by contacting the person responsible for the personal data domiciled for this task at the office of InfoClinic ONLUS, asking information about the data and requesting that it be updated, corrected or supplemented, always except for the members right to oppose its use and handling for legitimate reasons. The person responsible will likewise make use of the help of suitably trained collaborators, employed at the acquisition stations, who will scrupulously observe the instructions received.

**5. Guardianship of Minors**

Membership and service requests will not be accepted from persons younger than age 18, who will require the consent of the person who exercises parental authority or guardianship.

**4. Rights of the Person Involved**

The law on privacy confers specific rights on the person involved, including that of obtaining confirmation of the existence of the data from the holder and having the data made available in intelligible form; the person involved has the right to know the origin of the personal data and the methods with which it is handled, the identifying information of the holder and those subjects to whom the data may be communicated; the person involved has the right to have the data updated, corrected and supplemented or erased, transformed into anonymous form or blocked if held in violation of the law.

The person has the right to oppose the handling of his data, in whole or in part:

- for legitimate reasons, even when pertinent to the purpose of the collection
- for the purpose of the sending of direct advertising or sales material or for purposes of market research or commercial communications.

On the basis of the provisions of the law on privacy, the rights referred to in point 4 referring to the personal data of a deceased person may be exercised by those with their own interest or acting for family reason worthy of protection. To exercise the rights referred to in point 4, the person involved may give a written proxy to fiscal persons, agencies, associations or other bodies.

We ask that you return a copy of this document signed to indicate receipt and acceptance and we offer our very best wishes.

.....  
(signature indicating receipt and consent)

..... on ...../...../.....  
(Place and date)

**PERSONAL INFORMATION SHEET**

- First Name:  Abbreviate compound names
- Last Name:
- Address:
- Zip Code:
- City:
- Province:  ● Country:
- Date of birth:   
...../...../.....  
day/month/year
- Blood type:
- Principal disease:
- Allergies/Intolerances:
- ⊖ Tel. Residence:  ⊖ fax.
- ⊖ e-mail address:

● Required fields  
 ⊖ Recommended fields

**First person to contact**

Telephone \_\_\_\_\_  
 relationship: (child/wife/friend/relative..) \_\_\_\_\_  
 Country \_\_\_\_\_

**Second person to contact**

Telephone \_\_\_\_\_  
 relationship: \_\_\_\_\_  
 Country \_\_\_\_\_

**Hospital/Clinic of Reference**

Name \_\_\_\_\_  
 Department \_\_\_\_\_  
 City \_\_\_\_\_  
 tel. \_\_\_\_\_  
 Doctor Contact \_\_\_\_\_

.....  
 Signature of person involved

.....  
 Signature of person with parental authority