

## **HOLIDAY DIALYSIS COORDINATION PATIENT PRIVACY NOTICE AND CONSENT**

### **What is this Holiday Dialysis Coordination Patient Privacy Notice about?**

This Holiday Dialysis Coordination Patient Privacy Notice (“Notice”) explains how Fresenius Medical Care Deutschland GmbH, located at Else-Kröner-Straße 1 of Bad Homburg, Germany (also “FME” or “We”) and Servicios Personas Y Salud , S.L.U. (part of Quironsalud Group), located at Calle Zurbarán, 28 of Madrid, Spain (also “SPS”) process your personal information, why and when. We are providing the service of Holiday Dialysis Coordination (“HDC”) for you. This Notice also describes your rights and how you can exercise them.

### **Who is the Data Controller for my information?**

The data controller for your information used for HDC purposes is Fresenius Medical Care Deutschland GmbH.

### **What information do We collect, use, transfer and disclose, and why?**

In the course of HDC activity, we will collect information about you. In the annex you will find more specific information regarding what personal information We process and the purposes for which We process it.

Your personal information is necessary for us to provide you with HDC. Your refusal to provide your personal information in whole or in part may make it impossible for FME and SPS to coordinate your holiday dialysis treatment.

### **Who has access to your personal information (including cross-border transfers)?**

We provide third parties or other entities of FME group with access to your personal information where this is necessary for the purposes listed in the annex. This is always on a need to know basis. For a list of the categories of third parties, please see the annex to this Notice.

These third parties are expected to protect the confidentiality and security of your personal information.

Due to the global nature of our HDC service, We may transfer your personal information outside your home country including to countries that have a different data protection regime. If you are located in the European Economic Area (the “EEA”) this may include countries outside of the EEA. In case of cross border transfer, the transfer of the personal information is based on EU standard contractual clauses that impose equivalent data protection obligations directly on the recipient, on the consent included in this Notice or on other legal mechanisms that may be required in your country. A copy of the relevant mechanism can be provided for your review – see the contact us section for how to request this.

## **For how long do We keep your personal information?**

After processing related to HDC, your personal information, including Medical Data, are stored for ten (10) years and subsequently erased. We do not keep the data you provide for HDC purposes de-identified for subsequent research and statistical purposes.

## **What are your rights?**

You have the right to request a copy of your personal information, including health documentation and to request correction of any information that is incomplete or inaccurate. You may also have the right to receive the personal information which you provided to us in an electronic format so that you can transmit or request us to transmit this to another company.

You can object to the processing of your personal information in some circumstances (in particular, where We don't have to process the information to meet a contractual or other legal requirement). You can ask us to erase your information in some circumstances. In certain circumstances, you also have the right to request that We restrict the processing of your personal data for certain purposes. These rights can be limited – for example where we need your personal information (i) to comply with the law or (ii) to protect your vital interests, or where providing your information would reveal personal data about another person.

You can enforce any of the above rights by contacting us at contact details provided below.

## **How can I withdraw my consent?**

If you give us consent to processing your personal information and Medical Data or transfer your personal information and Medical Data outside of the European Economic Area for HDC purposes, you can withdraw this consent at any time by contacting us at contact details provided below. Please note that withdrawal of consent does not affect the lawfulness of processing or transfer based on consent before its withdrawal.

## **Changes to this Notice**

This Notice is effective as of 1<sup>st</sup> January 2021 and may be updated from time to time. We will notify you of material changes to our Notice by sending you an email or through other means in which We may also seek your consent.

## **How to contact us?**

For any concerns relating to data protection or in order to exercise your rights you may contact:

Data Protection Officer Giovanni Brugugnone (mailto: [giovanni.brugugnone@fmc-ag.com](mailto:giovanni.brugugnone@fmc-ag.com))

## ANNEX

### Types of Personal Information We Process:

**Personal Details:** Includes your name, date of birth, gender, home address, phone number(s), emergency contact details, race/ethnicity where this is relevant to your treatment.

**Health insurance Data:** Name of insurance provider, insurance specific patient codes and reference numbers, invoicing data, validity date.

**Medical Data:** Includes medical information received from your home clinic for subsequent transfer to holiday dialysis clinic, including:

- Blood test results and the results of other medical tests
- Information about your dialysis such as methods of access, prescription, temperature and time of treatment, medication administered and materials used (with LOT numbers), details of pressures, pumps, and any complications experienced
- Blood tests and the results of other medical tests, information about drug therapies, transplant status, vaccination status, infective status and allergies, examinations, transfusions, hospitalisation, comorbidities and prior treatments
- Information you provide about your health and well-being data

We obtain some of this information directly from you, some from the health professional who referred you and some from the home clinic or other healthcare institutions which are involved in your care and treatment.

### The Purposes and Legal Bases for which We Process your Personal Information:

- Where We have a contract to provide HDC, to fulfil this contract, or to take steps linked to the contract such as scheduling treatments or tracking the availability of dialysis stations at holiday dialysis clinics.
- As required to conduct our business and pursue our legitimate interests, in particular managing complaints or claims.
- With your consent, for the purpose of providing HDC services:
  - FME and SPS will process Medical Data received from you, from the health professional who referred you and from the home clinic or other healthcare institutions which are involved in your care and treatment.



- FME & SPS will transfer your personal information and Medical Data to holiday dialysis units not belonging to FME network and located in countries that have a different data protection regime.

**With whom do We share your personal information?**

**Third parties:** To the extent permitted by applicable local provisions, with companies that provide products and services to FME, such as for invoicing and auditing purpose or for IT support. Other providers or companies that are involved in delivering or funding your care and treatment - including laboratories, transport companies, transplant centres, health insurance companies, dialysis clinics and units either belonging or not to FME network.

**Medical Personnel:** Such as clinical staff for treatment purposes and other medical personnel involved in your holiday dialysis treatment.

**FME Personnel:** Such as Country Medical Directors, members of HDC centers worldwide, and first level support for EuCliD for the purposes of medical treatment and providing recommendations to medical personnel.

**Acknowledgement and Consent**

[ ] I have read this Notice. I understand and consent that FME may collect, use, transfer and disclose personal information about me as described in the Notice.

For any individuals not legally competent to give consent, I consent on their behalf and confirm that I have the authority to do so. I understand that I can withdraw my consent at any time.

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Name of person authorised to act on the Patient's behalf (where applicable)

\_\_\_\_\_

Signature

Date