

## Data management consent form

I, ..... (born:....., ..... ) hereby confirm by signing this consent form that I give permission to dr. Dóra Czintner to handle my personal data which are strictly necessary for the professional translation or interpreting services. The personal data are retained for no longer than necessary and according to the period of time specified in the privacy statement for data protection.

I have read and understood the data management information published on [www.medicaltranslation.czintner.com](http://www.medicaltranslation.czintner.com) website.

I understand my right to revoke, limit, and request the correction or even deletion of any information I have previously voluntarily provided.

I am also aware that if I do not consent to the processing of my data, the medical translation or interpreting may become impossible or unsuccessful.

Place and date:

Name: .....

Signature: .....