Consent and Proxy for the treatment of Personal and Sensitive Data

I, the Undersigning _____

(name and last name – attach a passport copy)

Place of Birth _____ date of birth _____

Address (Street, Zip code, State, Nation) _____

_____

Passport n. _____Authority _____

Phone number _____ Email _____

Given their impossibility and their non-presence on the Italian territory, they entrust

Dr. Claudio Paccanaro, for MTI srl, holder of passport number AA4012306 (issued on 17 April 2009), born on 19 April 1952 in Zermeghedo in the province of Vicenza (Italy), residing in Via Puccini 25 / B, 36100 Vicenza (Italy) to act as an intermediary between the undersigned interested party and the national public or private health facility and between the undersigned interested party and the personnel operating in the medical profession, and to process and communicate their personal data and sensitive data that reveals their health status to personnel operating in the medical profession or administrators of international clients, operating within public or private health facilities, present on the national territory.

Declaring that I understand that the procedure will be in order as follows

1. The Patient will send the necessary medical documents in English.
2. The person in charge will submit the Patient's medical documents to the attention of the doctors in Italy, subsequently communicating to the Patient what the doctors said, with the related treatment/cure to be carried out and undergone in Italy.
3. MTI will provide an estimate of the costs to be paid for the treatment.
4. If the Patient accepts the quote, this will be valid as a contract between the Patient and MTI, signed by both.
5. By law, the amount indicated in the contract must be 100% paid in its totality. MTI requires a payment of 100% before providing medical statements necessary for the Patient to apply for a VISA. MTI does not directly apply for a Visa, but only assists during the process.
6. At the end of the points above, the Patient arrives in Italy for the treatment / care organized by MTI.

Place and Date

Signature of the interested party*

_____ _____

* A photocopy of the passport of the interested party is to be attached.

It should be noted that without this release, MTI srl will not be able to operate for the provision of the service. This document must be accompanied by a photocopy of the passport of the interested party entrusted with Dr. Claudio Paccanaro. Any discrepancy will be equivalent to the impossibility for MTI srl to operate, process and communicate the personal and sensitive data of the interested party, in compliance with Legislative Decree 30 June 2003, n. 196.