**Consent to health data management**

I, the undersigned ...............................................................................................................

place and date of birth: ......................................................................................................

address of residence: ..........................................................................................................

consent to Eötvös Loránd University's processing of my health data as detailed below.

a.) My health data can only be used in the procedure related to my studies that was started by me, in order to help assess my request.

b.) My health data can only be used in the procedure related to the studies of my close relative (name: ................................................................................., place and date of birth: ....................................................................................) in order to help assess his/her request.

................................, .................. (year) ......................... (month) .......... (day)

...................................................  
 (signature)