

Copy for The St. John Paul II Specialised Hospital in Kraków should be submitted to for the relevant Dean's Office

## DECLARATION



I, the undersigned, .....  
(full name) hereby declare that:

I have been familiarised with data protection regulations, including Regulation (EU) 2016/679 of the European Parliament and of the Council of 27.04.2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation) and national regulations, especially the Personal Data Protection Act of 10.05. 2018, as well as the internal normative acts introduced and implemented for use, especially the “Personal Data Security Policy” together with the implementing procedures.

I have been trained in information systems security, in particular I have been acquainted with the “Personal Data Security Policy” and relevant Procedures.

I am aware of my responsibilities in the scope of data protection.

I undertake to comply with all data protection regulations and to take particular care to protect the interests of those whose personal data are available to me, and in particular not to disclose them to unauthorised persons, both during and after the employment relationship.

I have read the training materials and have been trained in the occupational health and safety regulations in force in the premises of The St. John Paul II Specialised Hospital in Kraków and I undertake to apply them.

I have read the training materials on the prevention of healthcare-associated infections/hospitalacquired infections.

While performing tasks on behalf of The St. John Paul II Specialised Hospital in Kraków, I undertake to keep secret and protect confidential information whose Data Controller is The St. John Paul II Specialised Hospital in Kraków, hereinafter referred to as the Hospital, which I have acquired in connection with the tasks resulting from the cooperation/contract.

I acknowledge that:

1. Confidential information is any information with the exception of information which is clearly marked as being generally available, information which is accessible to the public or

information which is classified as public information. In particular, confidential information includes: medical data, personal data, information about the means, environment and working methods of the Hospital, including information about processes, policies, procedures and instructions. The manner in which the above information is processed does not affect the classification of the information as confidential.

2. The obligation to keep confidential and protect confidential information is understood as:
  - a. Not disclosing confidential information to third parties and acting diligently to keep such information confidential for the duration of the classes and thereafter.
  - b. Not copying or reproducing confidential information for purposes other than the performance of the tasks subject to the cooperation/contract.
  - c. Fulfilment of statutory requirements related to access to data (if the scope of the service provided involves access to personal data: participation in a training course on this subject and obtaining authorisation to access such data before providing the service to the Hospital<sup>1</sup>).
  - d. Returning confidential information to the Hospital including copies and removing such information from all data processing and storage systems of the Receiver - except where the retention of copies of confidential data by the Receiver results from the contract and/or separate legislation.
3. The obligation of confidentiality shall not apply to confidential information which must be disclosed pursuant to a court judgement or an administrative decision issued under the applicable legislation, provided that the Receiver is a party to court proceedings or to an administrative decision obliging them to disclose the information received pursuant to this obligation.
4. The obligation of confidentiality is excluded in respect of persons designated by the Hospital in writing.
5. I give my consent for the Hospital to process my personal data on account of me taking classes at the Hospital. I have been informed that my personal data will not be disclosed and that I have the right to inspect the data and to request corrections if the data is inaccurate in terms of facts. The scope of the data processed is limited to the data necessary for the performance of the activities taking place at the Hospital.



.....

**date and signature**

confirming: familiarisation with the training material, giving consent to the processing of personal data and accepting the above obligations (the obligation is valid from the date of its submission)

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<sup>1</sup> Participation in training is free of charge and is not included in the duration and scope of the service provided to the Unit.