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HEALTHWAY MEDICAL NETWORK
CARECARD PROGRAM
DATA PRIVACY CONSENT FORM

As a registrant and participant in the *Healthway Medical Network (HMN) CareCard Program*, I hereby knowingly, freely, and voluntarily give my consent to the collection, use, storage, and sharing of my personal and sensitive personal information for legitimate and declared purposes, in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR), and other relevant issuances.

1. Personal Data to be Collected

I understand and agree that the following personal data will be collected by HMN and its duly authorized representatives or partners through the CareCard registration system:

- Full Name
- Email Address
- Mobile Number
- Date of Birth
- Sex
- City and Province of Residence
- Emergency Contact Name and Number
- Government-issued ID Number (e.g., TIN, SSS, UMID, Passport, Driver's License)
- CareCard Delivery Option (e.g., delivery address or pickup location)

2. Purpose of Collection and Processing

My data will be collected and processed for the following purposes:

- Enrollment and validation in the CareCard Program
- Identity verification and issuance of the physical and/or digital CareCard
- Facilitation of medical, diagnostic, and pharmaceutical services under the program
- Delivery, customer service, and coordination of benefits
- Availment of health, insurance, and discount privileges
- Program updates, marketing offers, and service communications
- Analytics, research, and service improvement initiatives
- Compliance with legal obligations, public authority requirements, or lawful orders



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3. Data Sharing and Recipients

I consent to the sharing of my personal data to the following entities, strictly for the purposes above and in accordance with the Data Privacy Act:

a. Within the HMN Network

My data may be shared with HMN-affiliated medical and administrative entities, including:

- Healthway QualiMed Clinics (e.g., BGC, Alabang, Makati, SM North, Trinoma)
- QualiMed Hospitals (San Jose Del Monte, Sta. Rosa, Iloilo)
- Healthway Cancer Care Hospital (Taguig)
- HMN-owned and operated laboratories, diagnostic centers, and specialty facilities

These entities will access my data to provide the services and benefits of the CareCard Program.

b. Authorized Private Partners

My data may be shared with HMN's official third-party service providers, including:

- Ubivelox Philippines – for card production, personalization, and distribution
- Chubb Insurance – for insurance coverage activation, claims, and support
- KonsultaMD – for telemedicine and virtual consultation services
- Generika Drugstore – for pharmacy benefits, e-voucher redemptions, and related discounts

All third parties are bound by data sharing agreements and must implement adequate safeguards in accordance with the law.

c. Government Agencies and Public Authorities

I also consent to the disclosure of my personal data to relevant government agencies, regulatory bodies, or public authorities. Such disclosures shall only be made when necessary for compliance with legal obligations, fulfillment of public health or safety requirements, or when mandated by lawful order, regulation, or investigation.

4. Retention, Storage, and Security

HMN will retain my data only for as long as necessary to fulfill the stated purposes or as required by applicable laws and regulations. Thereafter, all personal data will be securely disposed of or anonymized.

Appropriate technical, organizational, and physical safeguards will be implemented to protect my data from loss, unauthorized access, misuse, or disclosure.





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5. My Rights as a Data Subject

I am fully aware of my rights under the Data Privacy Act of 2012, including:

- Right to be informed
- Right to access my data
- Right to object to processing
- Right to rectify or correct inaccuracies
- Right to erasure or blocking, when applicable
- Right to data portability
- Right to lodge a complaint with the National Privacy Commission

To exercise any of these rights, I may contact the Data Protection Officer. I have read the privacy policy at <https://healthwaymedicalnetwork.com.ph/privacy-policy/>

6. Consent to Communications and Program Visibility

I hereby authorize HMN to contact me through SMS, email, phone, or digital messaging platforms regarding:

- Program reminders and instructions
- Health-related advisories and benefits
- Customer support follow-ups and satisfaction surveys
- Marketing promotions and service updates

7. Withdrawal of Consent

I understand that I may withdraw my consent at any time by contacting HMN's Data Protection Officer. I acknowledge that such withdrawal may limit or terminate my access to the CareCard Program or its associated benefits.

DECLARATION AND SIGNATURE

By clicking "I Agree" during registration, I confirm that:

- I have read and understood the contents of this Data Privacy Consent Form
- I voluntarily consent to the collection, use, storage, and sharing of my data as specified herein
- I am at least 18 years of age or have secured the consent of my parent or legal guardian

