

PATIENT AUTHORITY AND REPRESENTATION FORM

I confirm that I have entered into a client agreement dated with Globmed Ltd (GlobMed), a limited liability company incorporated under the laws of England and Wales, with company number 13334413, having its registered office at 2nd Floor, 83 Charlotte Street, London, United Kingdom, W1T 4PR in respect of the procurement of healthcare solutions for me.

I authorize GlobMed and any of the medical partners in its network to:

- obtain from all of my applicable healthcare providers (including the NHS) any of my medical records or other healthcare information (including intake forms, chart notes, reports, correspondence, and billing statements).
- share my personal data (including the personal data below and special category personal data) with healthcare providers (whether inside or outside the UK) to the extent necessary to procure healthcare solutions on my behalf.

I acknowledge that I have received and read Globmed's privacy policy at <https://globmed.co.uk/privacy-policy/> and confirm my understanding that my personal data will only be used by Globmed to manage and procure healthcare solutions and treatment (and will not be commercialized, sold or used by Globmed for marketing or scientific research purposes).

