

Dear all,

These proposals are not meant as a by Unamec or Lawyer approved template. It has to be seen as draft proposals based on some samples we received for this proposal from the field to help you making your company own text.

PROPOSAL A: To be personalized, completed and modified by each company
Informed consent form for the use and disclosure of personal data

Due to the ethics code of UNAMEC (source: www.UNAMEC.be), **COMPANY NAME**is obliged to document any Transfer of Value given to healthcare professionals and healthcare organizations and to publish them online.

For this purpose, **COMPANY NAME .. requires the following information from you (“Personal Data”):**

- Personal information** such as name and business address.
- Transfer of value**, in cash, as non-cash contributions, or payments made either directly or indirectly by **COMPANY NAME** .. or by a third party in the name and upon request of **COMPANY NAME** .. for consultancy tasks or services, research and development, advertising or other purposes in connection with medicinal products ("**Transfer of Value**").
- Further information**, i.e. information significant for the classification and assessment of your work and the corresponding Transfer of Value (such as contracts, proofs of payment, etc.).

COMPANY NAME ... uses this information as follows:

- Data processing:** **COMPANY NAME** ... will process and document your abovementioned Personal Data in order to be in compliance with the requirements of the ethics code of UNAMEC. **COMPANY NAME** ... explicitly reserves the right to carry out further processing of your Personal Data, provided that this is permitted according to the applicable data protection laws, other statutes or another form of consent from you.

Disclosure: **COMPANY NAME** summarizes the Transfer of Value into the following categories and publishes them on publicly accessible Belgian website www.betransparent.be:

- fees for consultancy and other services provided
- expenses in relation to consultancy and other services provided (e.g.: hotel/travel expenses)
- contribution to costs of participation of healthcare professionals at conferences and other continuing education events (divided into costs for registration and travel/accommodation)
- support for research and development
- sponsorship of scientific events

This affects Transfer of Value which you have received directly or indirectly with effect from January 1st, 2016 (value date) by **COMPANY NAME** Disclosure is carried out specifying your name and will state under which of the abovementioned categories you received Transfer of Value from **COMPANY NAME** Disclosure is carried out once per year, usually no later than 30 June for the previous calendar year. The information shall remain publicly accessible for three years after first publication.

- Intra-group, cross-border transfer and process of data:** The abovementioned data processing and disclosure may be carried out by **COMPANY NAME**

Saving: Irrespective of the disclosure, your personal data shall be saved for a period of **X** years after collection and publication of the Personal Data. This does not affect statutory duties to preserve records.

You have the following rights:

You are entitled, at any time, to request information regarding your Personal Data stored by **COMPANY NAME** ..., as well as the correction, deletion and blocking of erroneous data. This information shall be provided free of charge. In order to do this, please apply to the following address: **COMPANY NAME** ...adress.

You can revoke this consent in the following way:

Your consent is voluntary. You can revoke your consent for continued disclosure at any time with effect for the future. In order to do this, please send a written request to the following address: **COMPANY NAME** ...adress.

CONSENT DOCUMENT:

Data protection law informed consent form

I have been informed that signing this informed consent form is voluntary.

By signing, I explicitly declare that I consent/do not consent to the processing, saving and publication of Personal Data by **COMPANY NAME ...in relation to the allocation of benefits as described above (please tick as appropriate):**

I give consent

I do not give consent

This consent form is valid until

PROPOSAL B:

You can add to each contract this

- You agree that **COMPANY NAME** will publish the name and address of the legal entity holding this consulting agreement, as well as any compensation or reimbursement paid under this Agreement (the "Transfers of Value"), in the transparency registry "BeTransparent.be" once a year if this is required under the BeTransparent.be membership or applicable law. The publication will last for three years. Before **COMPANY NAME** delivers this data to Betransparent.be, you will be given the opportunity to verify and/or correct it.

The unique Identifier used for this disclosure under BeTransparent.be will be your KBO/BCE number. If you are a self-incorporated Healthcare Professional and your personal name can be identified through the company name, you explicitly agree that **COMPANY NAME** processes your personal data in order to meet the requirements of above transparency disclosure.

PROPOSAL C:

Model Consultancy

You agree that **COMPANY NAME** will publish the name and address of the legal entity holding this consulting agreement, as well as any compensation or reimbursement paid under this Agreement (the “Transfers of Value”), in the transparency registry “BeTransparent.be” once a year if this is required under the BeTransparent.be membership or applicable law. The publication will last for three years. Before delivers this data to Betransparent.be, you will be given the opportunity to verify and/or correct it.

The unique Identifier used for this disclosure under BeTransparent.be will be your KBO/BCE number. If you are a self-incorporated Healthcare Professional and your personal name can be identified through the company name, you explicitly agree that processes your personal data in order to meet the requirements of above transparency disclosure.

PROPOSAL D

Model congressen – educational event.

Conform de Belgische wetgeving inzake de verwerking van persoonsgegevens (Privacywet), vragen wij uw expliciete toestemming met betrekking tot het doorgeven van uw persoonsgegevens en de verzamelde data over waarde transfers aan het platform www.betransparent.be . De openbaar gemaakte gegevens blijven drie jaar publiek raadpleegbaar. Daarna worden ze verwijderd van het platform.

Wij informeren u dat alle waarde transfers door ons zullen gepubliceerd worden conform de van kracht zijnde zelfregulering. In het geval wij van u geen expliciete toestemming ontvangen onder de Privacywet, dan zal de waard transfer anoniem verschijnen, dus zonder vermelding van uw naam en RIZIV nummer.

Conformément à la législation belge relative au traitement des données personnelles (Loi protection vie privée), nous vous demandons votre accord explicite pour la publication de vos coordonnées personnelles et les données collectées pour les transferts de valeurs sur la plateforme www.betransparent.be . Les données rendues publiques peuvent être consultées pendant trois ans. Après cette période elles seront supprimées de la plateforme.

Nous nous informons que tous les transferts de valeurs seront publiés par nous, en conformité avec le système d’autorégulation en vigueur. Si nous ne recevons pas d’accord officiel de votre part, la publication des transferts de valeurs se fera de façon anonyme, donc sans mention de votre nom ou numéro d’INAMI.