**SOCIETY OF GYNECOLOGIC ONCOLOGISTS**

**OF THE PHILIPPINES FOUNDATION, INC. (SGOP)**

**DATA PRIVACY POLICY NOTICE AND CONSENT FORM**

**Statement of Privacy Policy**

The **SOCIETY OF GYNECOLOGIC ONCOLOGISTS OF THE PHILIPPINES FOUNDATION, INC. (SGOP)** is committed to protect and respect your personal data privacy. This Personal Data Privacy Notice and Consent Form, prepared in accordance with the Data Privacy Act of 2012 it Implementing Rules and Regulations, sets out our personal information protection practices that are put in place to protect the personal information of individuals whom we deal with.

Please note that we may amend this Data Privacy Notice and Consent Form at any time without prior notice and will notify you of any such amendment via our website or by email.

**Privacy Notice**

***Personal Information***

We collect and process the following personal information from you when you manually or electronically submit to us upon your application and in the course of your membership with SGOP:

* Full name
* Home address
* Email address
* Date of birth
* Civil Status
* Family Background
* Face/photo, fingerprints or handwriting
* Contact numbers
* Government issued ID numbers
* Medical history and condition
* Educational background
* Professional background

***Use***

By signing this document, you agree to collect and process the following personal information from you when you manually or electronically submit to us during the course of your membership with SGOP, EXCEPT for the items with an “X”. The collected personal information is utilized solely for the following purposes:

* Application for membership in the SGOP
* Evaluation on the authenticity of all credentials for approval of membership in the SGOP
* Update and verification of status of membership in the SGOP
* Deliberate on financial delinquency cases submitted by the Finance Committee for proper censure and disciplinary action
* Benefits of members in the exercise of their rights and privileges in the SGOP
* Coordinate and prepare activities for Midyear Convention, Annual Convention and Committee on Continuing Medical Education of the PMA and Continuing Professional Development by PRC
* Documentation of activities and archiving within the SGOP
* Disciplinary sanctions, such as censure, suspension or expulsion, after due investigation
* Promotion and marketing of SGOP’s activities

The said data is not shared with any outside parties without your consent unless the law and our rules allow us to. We hold this personal information data and use it to monitor and report on your progress, and assess the status of your membership with the SGOP.

***Protection Measures***

Only authorized SGOP personnel has access to these personal information, the exchange of which will be facilitated through email and hard copy. They will be stored in a database for as long as needed by the SGOP after which physical records shall be disposed of through shredding, while digital files shall be kept in our files for as long as necessary.

***Data transfer and sharing***

Where SGOP consider it necessary or appropriate for the purposes of data storage or processing or providing any service or product on our behalf to you, we may transfer your personal information to third parties within or outside the Philippines, under conditions of confidentiality and similar levels of security safeguards.

***Access and Correction***

You have the right to ask for a copy of any personal information we hold about you, including existing data sharing agreement with third parties, as well as to ask for it to be corrected if you think it is wrong. To do so, please contact: **DR. LILLI MAY TEODORO-COLE**, and/or Data Privacy Compliance Officer, at the following contact information:  
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**Privacy Consent**

Please confirm your consent to SGOP processing personal information data relating to you for the purposes set out above by signing this form in the space provided below. If you have any questions, please contact the above-stated Data Privacy Officer and/or Data Privacy Compliance Officer.

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| **Printed Name and Signature** |  |  |  | **Date** |
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