

ST. LUKE’S MEDICAL CENTER MULTI-PURPOSE COOPERATIVE

MEMBER FULL CONSENT / AUTHORIZATION FORM

I, _____, hereby authorize **St. Luke’s Medical Center (SLMC) Multi-Purpose Cooperative**, and / or its authorized Board of Directors (BOD), Committees and personnel to collect, record, store, update, use and / or process in any other manner (“processing”) my personal and sensitive personal information (“personal information”) such as the following:

- a. Full Name
- b. Date of Birth
- c. Gender
- d. Government IDs
- e. Spouse Full Name
- f. Spouse Date of Birth, Gender
- g. Beneficiary/Dependent’s Name, Date of Birth
- h. Fingerprint Biometrics

SLMC Multi-Purpose Cooperative shall protect the data you provided in compliance with the Data Privacy Act of 2012 and it’s implementing rules and regulations. SLMC Multi-Purpose Cooperative will not collect, disclose or process personal data, including data that may be classified as personal information and/or sensitive personal information unless you voluntarily choose to provide us with it and give your consent thereto, or unless such disclosure is required by applicable laws and regulations. Personal or sensitive personal information is information pertaining to education or information provided by government agencies which are peculiar to individuals and such other data declared to be sensitive.

SLMC Multi-Purpose Cooperative shall keep the Data throughout the membership term of the engagement. SLMC Multi-Purpose Cooperative shall take appropriate and reasonable technical and organizational measure to ensure the requisite data security to protect the Data against unauthorized disclosure or unauthorized access. SLMC Multi-Purpose Cooperative shall require its BOD, Committees, Suppliers, Vendors and third parties who process the Data to adhere to similar or comparable data protection standards as required by the Data Privacy Act of 2012.

I also acknowledge and warrant that I have acquired to this consent and hold free and harmless and indemnify SLMC Multi-Purpose Cooperative from any complaint, suit, or damages which any party may file or claim in relation to my consent.

My consent or authorization is revoked at the termination of my membership from SLMC Multi-Purpose Cooperative.

Name of Member

Date

Signature