

WEBCEPH Consent to collection, use and provision of personal and sensitive information

1. Consent to collection and use of personal and sensitive information

Subject of consent	Name Date of birth
Personal information items collected and used	[1] Privacy Name, date of birth, contact information (name and contact information of legal representative), address [2] Sensitive (health) information Prescribing contents by treatment day, diagnosis contents, intraoral photos and scans, facial part photos
Purpose of collecting and using personal information	Counseling, diagnosis, and treatment related to orthodontic surgery and orthognathic surgery, Purpose of provision to Assemble Circle Co., Ltd. (See Section 2 below)
Retention and use period of personal information	Unless the person collecting personal information is required to keep your personal information under applicable law, Your personal information will be kept for up to 10 years from the date of consent below.
Right to refuse consent and to refuse consent Disadvantages or restrictions	You have the right to refuse to consent to the collection and use of personal information. If you refuse to consent, there is no penalty. Consultation, diagnosis, and treatment using your personal information may be restricted.
Your rights to personal information	You may request the person who has collected your personal information to view, correct or delete your personal information at any time after agreeing to the following, You may withdraw your consent below.

I (legal representative) agrees to [1] the collection and use of personal information.

Yes No

I (legal representative) agrees to [2] the collection and use of sensitive (health) information.

Yes No

2. Consent to provide personal information to a third party

Recipient	Assemble Circle Co., Ltd.
Personal information items to be provided	[1] Privacy Name, date of birth, contact information (name and contact information of legal representative), address [2] Sensitive (health) information Prescribing contents by treatment day, diagnosis contents, intraoral photos and scans, facial part photos
Purpose of use of the recipient	Provision of information for diagnostic data analysis services for orthodontic and orthognathic surgery, Academic and commercial research and development and improvement of artificial intelligence orthodontic diagnostic devices and services
Of the recipient Retention and use period of personal information	Unless a third party to whom personal information is provided is required to store your personal information under applicable laws, Your personal information will be kept for 5 years from the date of consent below.
Right to refuse consent and to refuse consent Disadvantages or restrictions	You have the right to refuse to consent to the provision of personal information to third parties. If you refuse to consent, there is no penalty. Diagnosis and counseling assistance services such as orthognathic simulation and orthodontic correction using WebCeph may be restricted.
Your rights to personal information	You may request the third party to view, correct, or delete your personal information at any time after agreeing to the following. You may withdraw your consent below.

WEBCEPH Consent to collection, use and provision of personal and sensitive information

I (legal representative) consents to the provision of [1] personal information to a third party for 'tooth correction and orthognathic diagnosis data analysis service'.

Yes No

I (legal representative) consents to the provision of [2] sensitive (health) information to a third party for 'tooth orthognathic diagnosis data analysis service'.

Yes No

I (legal representative) consent to the provision of [1] personal information to a third party for 'academic and commercial R&D and improvement of artificial intelligence orthodontic diagnostic devices and services'.

Yes No

I (legal representative) consent to the provision of [2] sensitive (health) information to a third party for 'academic and commercial R&D and improvement of artificial intelligence orthodontic diagnostic devices and services'.

Yes No

I agree to the handling of my personal information as described above by [clinic or hospital name].

Month Day Year

Patient (representative or guardian) name:

(signature)

Relation: