

DATA SUBJECT CONSENT STATEMENT

I _____ **FirstName LastName** _____ with enrollee number

confirm that I have the legal capacity to give consent and hereby voluntarily grant my consent to Hygeia HMO Limited (Hygeia) and its duly appointed representatives, authority to access, retrieve, process, store, transfer as well as use for any legitimate and lawful purpose, my personal and/or medical information including all relevant data envisaged by the extant law including but not limited to the Nigerian Data Protection Regulation (and any amendment thereto) solely for the purpose of carrying out their duties and responsibilities as my health insurance Company. I confirm that I am aware of my rights, abilities and method to withdraw my consent herein at any time by notifying Hygeia HMO in writing and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same.

Signed by the data subject: **FirstName LastName**

Signature:

Date: