



PRIVACY NOTICE AND CONSENT FORMS

Templates for patients: privacy notice, and consent to teleconsultation, health data, AI-assisted checking and follow-up

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Part A. Privacy notice

Who we are. Consult Your Doctor is operated by Zebrold Private Limited (CIN U26109TS2026PTC210471). Our operational office is at Bockenheimer Landstraße 17-19, Frankfurt am Main, 60325, Germany, and our registered office is at Plot N.13 Survey P64/2, Software Units Layout, Madhapur, Hyderabad, 500081, Telangana, India.

1. What information we collect

We collect your name, date of birth, sex, contact details, symptoms, medical history, allergies, medicines, vital observations, prescriptions, test samples and results, your messages and replies to follow-up questions, your payment status, and technical information about your device.

2. Why we use it

- To arrange consultations and issue prescriptions and reports.
- To check prescriptions and reports for possible errors with the help of AI tools, always under the final decision of a licensed doctor or other professional.
- To follow up your recovery for twelve days and remind you to take your medicines.
- To keep records as the law requires, to handle complaints, and to keep our service secure.

3. Who sees it

Your treating doctor, the diagnostic centre that performs your tests, and our staff and service providers who need it to do their work. We do not sell your information. We share it with authorities only where the law requires, or with your consent.

4. Where it goes

Your information may be handled in Germany and in India. Where it is moved from the European Union to India, we protect it with approved safeguards.

5. How long we keep it

Medical records are kept for the period that the law requires, and other information only as long as it is needed. Details are in our retention policy.

6. Your rights

You may ask to see your information, to correct it, to erase it where the law allows, to restrict or object to its use, to receive a copy, and to withdraw consent at any time. You may also complain to the data protection authority in your country. To use these rights, write to the grievance officer: _____ (contact details). We will reply within the time the law allows.



7. Children

A parent or guardian must give consent for a child, and we may ask for proof.

8. Cookies and similar technologies

Our website and app use cookies and similar technologies that are needed to make them work, and, only with your consent, to measure how they are used. You can change your choice at any time in the cookie settings.

9. Automated checks

We use AI tools to check prescriptions for possible errors and to support follow-up. These tools do not make decisions about your care. A licensed doctor reviews every prescription and makes the final decision, and you may ask a person to review any result or message.

10. Changes to this notice

We may update this notice when our services or the law change. We will tell you of important changes through the app or by message, and the date of the latest version is shown on the notice.

11. How to contact us

Questions and complaints about your information may be sent to our grievance officer, whose details are in the app and on the website, or in writing to Zebrold Private Limited at Bockenheimer Landstraße 17-19, Frankfurt am Main, 60325, Germany, or at Plot N.13 Survey P64/2, Software Units Layout, Madhapur, Hyderabad, 500081, Telangana, India. You may also complain to the data protection authority in your country.

12. Your choices

You can choose whether to receive follow-up messages and the channel and language of those messages. You can refuse optional cookies. You can ask us to stop using your information for a purpose that depends on your consent. If you choose not to give consent that is needed for a service, we may not be able to provide that service, but we will always tell you how to get urgent help.

13. How we protect your information

We protect your information with encryption, access controls limited to those who need it, secure hosting, regular testing and staff training. Our doctors and staff are bound by duties of confidentiality. If something goes wrong with your information, we will act quickly and tell you and the authorities as the law requires.

Part B. Patient consent form

Patient name: _____ Date of birth: _____ Mobile number: _____

- ☐ **Teleconsultation.** I agree to consult a licensed doctor online. I understand that an online consultation has limits and cannot replace an in-person examination in an emergency or where physical tests are needed.
- ☐ **Health data.** I agree that Zebrold Private Limited may collect and use my health information to provide care, issue prescriptions and reports, and keep records.
- ☐ **AI-assisted checking and follow-up.** I understand that AI tools check my prescription for possible errors and that Zebrold AI will contact me for twelve days after my consultation. AI does not diagnose or prescribe. A licensed doctor approves every prescription and makes the final decision. AI can make mistakes.



4. ☐ **Sharing with diagnostic centres.** I agree that my details may be shared with a diagnostic centre when I am referred for tests.

5. ☐ **Optional: service messages.** I agree to receive messages about the service by the channel I have chosen.

I understand that I can withdraw any consent at any time by writing to the grievance officer, and that withdrawing consent does not affect what was done before. I have given complete and accurate health details, including allergies, current medicines and pregnancy.

Name: _____

Patient or guardian

Date: _____ Place: _____

Name: _____

Witness (staff)

Date: _____ Place: _____

Part C. Consent of a parent or guardian

Child's name: _____ Date of birth: _____ Weight: _____ kg

Parent or guardian's name: _____ Relationship: _____ Mobile number: _____

I confirm that I am the parent or legal guardian of the child named above, that I have read the privacy notice, and that I give the consents in Part B on behalf of the child. I will be present during the consultation and will give complete and accurate information about the child.

Name: _____

Parent or guardian

Date: _____ Place: _____

Name: _____

Witness (staff)

Date: _____ Place: _____

Part D. Withdrawal of consent

I, _____, withdraw my consent given on _____ for the following: ☐ teleconsultation ☐ use of my health data ☐ AI-assisted checking and follow-up ☐ sharing with diagnostic centres ☐ service messages. I understand that withdrawal does not affect what was done before and that records that the law requires to be kept will be kept but restricted.

Name: _____

Patient or guardian

Date: _____ Place: _____

Name: _____

Received by (staff)

Date: _____ Place: _____