Enclosure A:

Data Privacy Consent Form

For the Processing of Personal and Sensitive Personal Information in Connection with the Availment of Non-Deduction of PhilHealth Premium Contributions

Pursuant to Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, its Implementing Rules and Regulations, and other applicable issuances of the National Privacy Commission (NPC), the Department of Education (DepEd) is committed to protecting the privacy and ensuring the confidentiality of personal information and sensitive personal information collected in connection with the implementation of the Guidelines on the Non-Deduction of PhilHealth Premium Contributions.

I hereby acknowledge and understand that, in connection with my application for and availment of the benefit under the said Guidelines, DepEd may collect and process my personal information and sensitive personal information, including information and details contained in my Solo Parent Identification Card (SPIC) or Person with Disability (PWD) ID and other supporting documents submitted.

By signing this form, I voluntarily consent to the collection, use, processing, storage, and disclosure of my personal data for lawful and declared purposes related to the verification of my eligibility, processing, implementation, and monitoring of the non-deduction of my PhilHealth premium contributions.

I understand and acknowledge that:

1. My personal information and sensitive personal information shall be processed in accordance with the Data Privacy Act of 2012, its Implementing Rules and Regulations, and other applicable data privacy regulations;
2. My information shall be treated with strict confidentiality and protected through appropriate safeguards against unauthorized access, disclosure, or processing;
3. My information shall be accessed and processed only by authorized personnel and retained only for as long as necessary to fulfill the declared purposes or as required by applicable laws, rules, and regulations; and
4. I may exercise my rights as a data subject under the Data Privacy Act of 2012, including the right to access, correct, and withdraw my consent, subject to applicable legal limitations and requirements.

I hereby affirm that I have read and understood the foregoing provisions and voluntarily give my consent to the processing of my personal information and sensitive personal information for the purposes stated herein.

EMPLOYEE INFORMATION

Name: _____

Office/Division/Unit: _____

Position/Designation: _____

Regional Office/Schools Division Office: _____

Type of Identification Submitted:

☐ Solo Parent Identification Card (SPIC)

☐ Person with Disability (PWD) ID

CONSENT AND CONFORMITY

Signature over Printed Name: _____

Date Signed: _____

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