

Data Protection Consent Form

In our information sheet on data protection, we have already informed you that the security of your data is very important to us and that we store and process it only within the framework of the legal provisions. In this regard, you have special rights to information as well as a claim to the deletion of personal data. The information sheet is available for you to view at any time in our practice rooms. Upon request, we will also send the document to you by email.

However, our aim is to ensure that you receive the best possible medical care. For this purpose, it may be necessary to process your data beyond the scope prescribed by law.

With this declaration, you,

(Name and first name in block letters)

confirm that we have provided you with access to our data protection information sheet and you consent to the collection, storage and processing of your personal data for the following purposes:

- ☐ Sending of findings or information material by post, fax, or email
- ☐ Forwarding of information/findings to other physicians/service providers for the purpose of medical treatment
- ☐ In the case of private billing, forwarding to a private medical billing agency
- ☐ Enabling telephone call-backs or information regarding medical matters and upcoming preventive services
- ☐ Right to disclosure of information and sharing of information with relatives.
You are welcome to expressly name them here:

You have the right to revoke this consent at any time!

Date, signature of patient