

## General Data Protection Regulation

Dear patient,

the protection of your personal data is important to us. We want you to feel comfortable with.

As part of your treatment, it may be necessary for us to pass on or request your data to third parties (e.g. doctors, clinics, emergency contacts). This includes all personal data that we have collected from you as part of your medical treatment or that you have provided to us (e.g. address details, medical findings).

We only transfer your personal data to third parties if this is expressly permitted by law or if you have consented. In accordance with the General Data Protection Regulation (DSGVO = Datenschutzgrundverordnung), we require your express consent to transmit data (e.g. letters to your family doctor or requesting data). You can revoke your consent at any time and without giving reasons or reject your consent with "no".

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Please tell us your family doctor (Name, address):** \_\_\_\_\_

Yes  No I agree to the sharing of my personal data to my family doctor.

Yes  No I would like a doctor letter to be sent to my family doctor for certain findings without my specific request.

Yes  No I agree to the query transfer of my personal data to a person I trust:

(Name & Telephone number) \_\_\_\_\_

Yes  No I agree that messages may be left on my answering machine and that findings may be sent by fax or email.

Yes  No I agree to the query/transfer of my personal data to the institutions treating me.

Yes  No Please confirm with us that you agree to receive reminders via SMS or email via "Doctolib" for appointments agreed with us.

If you don't want to be called by name in the waiting room, please let us know.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

