

# F Information gemäß Art. 13+14 Datenschutz-Grundverordnung (DSGVO), Einwilligungserklärung Patient

Kapitel 5.4.2

Dear Patient,

as you know, for your protection, we are subject to the provisions on medical confidentiality and data protection. Without your consent, we are not allowed to pass on any personal information, especially about your treatment with us, to third parties – with a few exceptions regulated by law. Please support us so that we can act according to your wishes:

Surname, first name: .....

Date of birth: .....

## 1. Your contact details

How **can we and may** contact you in case of queries and urgent information:

Telephone: ..... Fax: .....

Mobile/Mobile: ..... Email: .....

**We expressly point out that e-mails are partly unencrypted and thus your data can practically become public via the Internet.**

We will inform you about upcoming appointments by SMS or email.

If you do **not** wish to receive this information, please tick the following box:

## 2. Relatives and contact persons

- My relatives and, if applicable, the contact persons mentioned below, you may provide information about my treatment and, if necessary, hand over the necessary documents (prescriptions, certificates, findings).

Name and, if applicable, address of the authorised person(s):

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## 3. General practitioner and specialist

- I allow you to communicate with other doctors, e.g. specialists and clinicians, nursing services, pharmacies and other medical facilities, to provide necessary information and, if necessary, to pass on the prescriptions and other documents issued to me.

## 4. Instruction and revocation

You can change or revoke this consent to the transfer of data and release from the duty of confidentiality at any time via our practice. As a precautionary measure, we would like to point out that your revocation can no longer affect any data transmitted before your revocation.

Location, the .....Signature.....