Declaration of Consent to the Collection / Transmission of Patient Data

Surname: First name: Date of birth:

Hausärztliches Zentrum Poing
Ihre fachärztliche Rundum-Betreuung

Declaration of consent to the collection / transmission of patient data (in accordance with Art. 7, Art. 9 DSGVO), §73 Abs. 1b SGBV)

- **Yes**, I agree that my treating practice may request, use and further process any reports, examination findings, x-rays and laboratory values concerning me from other doctors and service providers for the purpose of documentation and further treatment and provision of the necessary medical services.
- **Yes**, I agree that my treating practice may pass on any reports, examination findings, x-rays and laboratory values concerning me to other doctors and service providers for the purpose of treatment and the documentation to be kept by the respective authorities.

This agreement also applies to telephone surveys and to transmission by fax.

- **No**, I do not agree that my treating practice pass on reports, examination findings, x-rays and laboratory values to doctors / hospitals. This includes requests by telephone or transmission by fax.

We would like to point out that further treatment may no longer be possible or may only be possible to a limited extent.

Consent to transfer patient data to relatives

- **Yes**, I agree that my treating practice may pass on any examination results, laboratory values, referrals, prescriptions or other medical documents concerning me upon request to the designated relatives listed below.

This also applies to telephone enquiries and forwarding by fax. In this respect, I release my treating practice from the medical confidentiality obligation in order to enable my treatment data and findings to be passed on to my relatives, in particular by using the above-mentioned media.

Name(s) of Relatives:

- **No**, I do not agree that my treating practice pass on any examination results, laboratory values, referrals, prescriptions or other medical documents concerning me to any relatives. This also applies to telephone enquiries and forwarding by fax.

I am aware that I can revoke this declaration at any time in whole or in part for the future. Further information on data protection in our practice, handling of your personal data and your rights can be found in our patient information on data protection, which can be viewed in our practice, or a copy can be provided on request.

_____ _____

Place, Date Signature