

DECLARATION OF CONSENT TO DATA PROCESSING

Personal details (please fill in in block capitals)

Surname, first name	Date of birth
Street / No.	Zip code / Place of residence
e-mail	Phone/mobile

Please read the information below and bring the signed document with you when you enter the clinic.

I CONFIRM WITH MY SIGNATURE THAT I CONSENT TO THE PROCESSING OF MY DATA, ACCESS TO THE DATA BY THE DOCTOR AND THE DISCLOSURE OF THE DATA TO THIRD PARTIES IN ACCOR-DANCE WITH THE PATIENT INFORMATION ON THE REVERSE.

I am aware of the possible risks of data exchange of particularly sensitive personal data (possible access by unauthorized third parties via insecure communication channels) as well as my rights and give my consent for mutual contact between my doctor and myself as a patient via the contact information provided above. Patient information will only be passed on by the medical practice via secure communication channels. I agree that administrative matters, such as rescheduling appointments, may be handled using unencrypted e-mail communication (to recipient addresses such as @bluewin.ch, @gmail.com etc.).

Place, date

Signature



Patient information on the handling of personal data

Below we inform you about the purpose for which the above-mentioned medical practice (hereinafter referred to as the medical practice) collects, stores or forwards your personal data. We also inform you about your rights which you can exercise within the framework of data protection.

Responsibilities The body responsible for processing your personal data and in particular your health data is the medical practice. If you have any questions about data protection or if you wish to exercise your data protection rights, please contact the practice staff or your doctor directly.

Collection and purpose of data processing The processing (collection, storage, use and retention) of your data is based on the treatment contract and legal requirements to fulfill the purpose of treatment and the associated obligations. On the one hand, data is collected by the treating doctor as part of your treatment. On the other hand, we also receive data from other doctors and healthcare professionals with whom you have been or are being treated, if you have given your consent for this. Only data relating to your medical treatment will be processed in your medical history. The medical history includes the personal information provided on the patient form, such as personal details, contact details and insurance details, as well as, among other things, the consultation carried out as part of the treatment, health data collected such as anamnesis, diagnoses, therapy suggestions and findings.

Duration of storage Your medical history will be stored for 20 years after your last treatment. After that, it will be kept with your express consent or securely deleted or destroyed.

Transfer of data We only transfer your personal data and in particular your medical data to external third parties if this is permitted or required by law or if you have consented to the transfer of data as part of your treatment.

- The data is transferred to your health insurance company or accident or disability insurance company for the purpose of invoicing the benefits provided to you. The type of data transmitted is based on the legal requirements.
- Disclosure to cantonal and national authorities (e.g. cantonal medical service, health departments, etc.) is based on statutory reporting obligations.
- Optional: The necessary patient and invoice data is forwarded to the debt collection agency for the purpose
 of debt collection (collection of money due).
- In individual cases, data may be transferred to other authorized recipients (e.g. laboratories, other doctors).

Withdrawal of your consent If you have given your express consent for data processing, you can withdraw your consent in whole or in part at any time. The revocation or request to change consent must be made in writing. As soon as we have received your written revocation and the processing cannot be based on any legal basis other than consent, the processing will be discontinued. The lawfulness of the data processing carried out up to the time of revocation remains unaffected by the revocation.

Information, inspection and disclosure You have the right to obtain information about your personal data at any time. You can inspect your medical history or request a copy. You may have to pay a fee for a copy. You will be informed in advance of any costs, which depend on the time and effort required to produce the copy.

Right to data portability You have the right to have data that we process automatically or digitally handed over to you or to a third party in a commonly used, machine-readable format. This also applies in particular to the transfer of medical data to a healthcare professional of your choice. If you request the direct transfer of the data to another controller, this will only take place if it is technically feasible.

Correction of your data If you discover or are of the opinion that your data is incorrect or incomplete, you have the option of requesting a correction. If neither the correctness nor the incompleteness of your data can be determined, you have the option of attaching a note of dispute.