



## DECLARATION OF CONSENT PRIVACY POLICY

Dear patient,

Due to the [General Data Protection Regulation \(GDPR\)](#), we can only carry out digital communication (e.g.: e-mail communications, data transfer of medical reports) with your prior consent to this privacy policy declaration.

We therefore ask you to sign this declaration of consent so that we can offer you our services in the context of our medical practice.

I agree that, until revoked, my personal data including name, address, telephone number, e-mail address, insurance number and provider, as well as information about my medical condition at the time of taking over the consultation or treatment, the medical history, the diagnosis, the advancement of the condition, information about the type and scope of the diagnostic or therapeutic services including the use of special medical treatments, the image documentation of clinical findings (e.g. ultra-sound, Mutter-Kind-Pass) may be forwarded and/or stored for the following purpose:

1. Making appointments with external medical institutions (diagnostic centres, hospitals)
2. Applying for a chief physician's approval for medications requiring authorisation
3. appointment reminders by e-mail
4. Unencrypted e-mail correspondence between patient and our practice

I acknowledge that by submitting the data, third parties may also gain knowledge of the information and that this data may be altered. I am aware that this may lead to the disclosure of my state of health.

This declaration of consent can be revoked at any time. The lawfulness of the processing of my data remains unaffected until a revocation is received.

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Patient's NAME in CAPITAL LETTERS

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DATE, Patient's SIGNATURE