

# Privatpraxis für Dermatologie und Ästhetische Medizin an der Alten Oper

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## Privacy policy and consent

Dear patients \_\_\_\_\_

The new data protection law (BDSG and DSGVO) requires that we inform you of the following:

1. We point out that the data that we collect from you or that you communicate to us by phone or e-mail / Internet, if necessary, are electronically stored by us.
2. Your data will be stored protected by us, all employees and service providers, who may have access to your data, have been obliged by us in writing to secrecy.

## With your signature, you give us your consent

1. Store your data protected  
If you do not want this, please let us know as soon as possible.
2. To transmit data necessary for the sake of your health, e.g. in the context of a doctor's letter or transmission of examination results, to you referring or further treating doctors or clinics. This consent also includes the consent to the disclosure of your personal data by these laboratories, which are obliged to maintain confidentiality, at their private medical billing offices, which are also obliged to maintain confidentiality.  
**If you do not want this, please let us know as soon as possible.**
3. If this is necessary for your treatment, you also agree that we may request relevant findings from other physicians / hospitals.  
**If you do not want this, please let us know as soon as possible.**
4. To send laboratory tests including the transmission of necessary personal data to medical laboratories.  
**If you do not want this, please let us know as soon as possible.**
5. To transfer your personal data to a private medical clearinghouse for the purpose of invoicing our practice.  
**If you do not want this, please let us know as soon as possible.**

We would like to point out that if you object to the transfer of your data for billing purposes to a private medical clearinghouse for our practice, we will invoice you directly for the costs of your treatment and you will receive them directly from us as part of your treatment appointment EC or credit card must be paid. We kindly ask for your understanding of these regulations, which are necessary for administrative reasons.

I understand that I may revoke this statement at any time in whole or in part for the future. **I have read and understood this communication and hereby express my consent to all points Contradict the points**

(Please delete what does not apply or name contradictory points legibly)

Frankfurt, the

Name in block letters:

Signature: