

Declaration of Consent



patient's name

Dear patient

In order to relieve from administration effort and to have more time for my patients I cooperate with PRIVATÄRZTLICHE ABRECHNUNGSSTELLE KUBOWITSCH GmbH. This service provider for private invoicing was founded for doctors and is advised by doctors. Its staff are liable to the regulations of medical confidentiality. Furthermore a data security officer watches the correct application of the Federal Data Protection Act (BDSG-new) and the EU General Data Protection Regulation (DS-GVO).

Would you please –by your signature- give me and all treating doctors your consent for invoicing and collection. Could you please release of all data of treatment, necessary for my outstanding bills like address, date of birth, cost unit, duration of treatment, performed payment according to the medical fee schedule and the corresponding diagnosis to PRIVA. I transfer my outstanding claims to PRIVA which means that the service provider invoices and collects the outstanding claims. You can withdraw the given declaration of consent at any time. PRIVA processes your data on the basis of your consent according to DS-GVO and saves them according to the legal term of expiration. You can ask PRIVA for your processed data: correction, ability of data transfer, deletion, respectively restriction of the processing; law of appeals at the controlling authority.

The adjustment payment of the outstanding claims is independent from its amount and the effective date of the refund by your health insurance.

practice stamp

place

date

patient's signature, respectively legal representative