

## Declaration of consent in data processing

Mr./Mrs. \_\_\_\_\_

Contact \_\_\_\_\_

\_\_\_\_\_

I agree that beateam Physiotherapy will collect, process and use my data for the following purposes:

- for maintaining contact details
- the fulfilment of the treatment contract
- for billing services provided with health insurance companies, billing agencies or the patient himself/herself
- for communication and therapy with the patient
- for therapeutic documentation
- for the preparation of treatment reports and doctor's letters

For this purpose, your data may be passed on or transmitted to the transferring physician/doctor, the health insurance company and/or the billing company. There, these are also processed or used for the following purposes:

- for maintaining contact details
- for billing services with health insurance companies
- for therapeutic documentation

I have been reminded that:

- the personal data collected in the context of the above-mentioned purposes are collected, processed, used and transmitted in compliance with the GDPR and the BDSG.
- the collection, processing and use of my data takes place on a voluntary basis and that I can refuse my consent with the result that the treatment contract cannot be fulfilled or does not come about and the treatment cannot be settled with the health insurance.
- I am entitled at any time to request the correction, deletion or blocking of individual personal data
- I am entitled at any time to revoke this declaration of consent with effect for the future



In the event of revocation, the revocation must be addressed to:

beateam Physiotherapy

Beate Schübler

An der Ankermühle 12

65399 Kiedrich

06123 7095986 or 0176 73248462

mail@beateam-physio.de

In the event of revocation, my data will be deleted after expiry of legal deadlines and if these are no longer to be observed, with the receipt of the declaration of intent of the practice. The practice will forward my revocation to the above-mentioned third parties, who in turn delete my data.

I have read and understood the patient information on data protection.

Kiedrich, der -----

Signature -----

