

Agreement on individual health services



Last name

first Name

In den Ministergärten 1
10117 Berlin

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Laborarzt: Dr. Sebastian Pfeiffer

Internet: www.medizinisches-labor-berlin.de

Email: corona@aerztehaus-mitte.de

Adress

Notice

E-Mail: _____

Phone: _____

I have medical insurance and expressly request that the medical services listed below are provided.

I have been advised in particular that such services exceed the extent of general medical care. Therefore, the medical services listed below must be paid for privately in accordance with the German Medical Fee Schedule (GOÄ); no guarantee can be given for a **full or partial** reimbursement of the fees by the payors.

I am aware that the test procedure using the *COVID-19 IgG/IgM Rapid Test* is based on antibodies and therefore does not test for the pathogens themselves but for antibodies instead. Any detection of pathogens is therefore indirect. According to information by the manufacturer, the reliability for positive test results, which confirm the infection, is in excess of 92.9 % for **infected** patients.

A negative test result does not necessarily rule out a fresh infection because the immune system does not form the antibodies tested for with the *COVID-19 IgG/IgM Rapid Test* for at least one week after infection with the Corona virus.

This test only reflects the status quo at the time of testing.

I have also been advised that – in case of a positive test result – the public health office has to be informed immediately of this positive test result.

The agreed medical services will be charged as follows:

X	Selection	Price	Signature
<input type="checkbox"/>	PCR Testing 24h	49,90 €	
<input type="checkbox"/>	Antibody Testing	20,00 €	
<input type="checkbox"/>	Antigen Quick test	15,00 €	

I agree to receive preliminary information on the test result; the final report will always be sent to me in writing.

Date/Signature of patient _____

Date/signature of doctor _____

Medlab Mitte Teil des MVZ Ärztehaus Mitte MikroMy med. Versorgung Gesellschaft für mikrobiologische und mykologische Diagnostik mbH

Sitz: Berlin | HRB 128246 B | Amtsgericht Charlottenburg |

Geschäftsführerin: Iris Werner Bankverbindung HypoVereinsbank IBAN:

IBAN: DE3910020890027173616 | BIC: HYVEDEMM488

Consent in respect of data protection at the MVZ Ärztehaus Mitte, In den Ministergärten 1,10117 Berlin (Corona test station)

By giving your consent, you authorise the MVZ Ärztehaus Mitte to process your data in the form specified below. If you wish to agree to this, please tick the statements below to indicate the extent desired by you.

I,

First name and last name _____

Address: _____

Date of birth: _____

E-mail/Tel: _____

hereby declare that by ticking the relevant boxes below I expressly agree

- that any treatment details, laboratory results and diagnoses regarding me may be requested from attending physicians of the MVZ Ärztehaus Mitte for the purpose of documentation, treatment and invoicing. Transmission of data to other physicians/specialists requires consent to a separate release from the duty to maintain confidentiality.
- upon my express request, the practice may send me information via unencrypted e-mail, including patient and health data and for the purpose of managing appointments.
- this document being stored in my patient record.
- to receiving information on diagnoses via telephone.

I am aware that I can revoke the above consent at any time, either fully or partially, for the future and that my **anonymised** data (age, sex, test result) collected for this test may be used for statistical purposes, in particular for the so-called "endemic infection" in the population.

Location, date

Signature of patient

(For patients unable to reason: legal representative) (For underage patients also: parent/custodian/guardian)