

Consent to data protection

I hereby agre	ee,
Name, first i	name:
Address:	
Date of birth	n:
E-Mail:	
Phone:	
billing as exp	the collection, processing and transfer of my data as well as my health data for the purpose of treatment and plained in the patient information on the GDPR (according to §630a para. 1 BGB) and declare my consent that
	the MVZ Ärztehaus Mitte requests treatment data and findings concerning me from other physicians and service providers (e. g. psychotherapists, hospitals, pharmacies, nursing services, physiotherapists, cooperating laboratories, etc.) for the purpose of information, further treatment and documentation.
	the MVZ Ärztehaus Mitte transmits treatment data, samples taken and findings concerning me to other doctors and service providers treating me, also in unencrypted e-mails (§87a). The content of e-mails can be viewed by third parties and may even be falsified or diverted. I waive the possibility of exclusive postal dispatch.
•	Appointments are made and documentation is exchanged via Doctolib.
	my examination/treatment documents are used by all physicians working in the MVZ and the MVZ - in accordance with the legal storage regulations - stores documents of my examination/treatment documents (such as this form) exclusively in digital form and hands over the corresponding originals to me.
	in the event of a change of physician- my previous primary care physician transmits the documents stored about me to my new primary care physician or my new primary care physician requests these documents from my previous primary care physician.
• m	y doctor is allowed to remind me of treatment appointments.
	nformed that without my consent, treatment can only be carried out to a limited extent or, if necessary, not I am aware that I can revoke this declaration of consent at any time verbally or in writing to the practice.
Date, signa	ature



PATIENT INFORMATION ON DATA PROTECTION

Dear Patient,

the protection of your personal data is important to us. According to the EU General Data Protection Regulation (GDPR), we are obliged to inform you about the purpose for which our practice collects, stores or forwards data. The information also tells you what rights you have in terms of data protection.

1. RESPONSIBILITY FOR DATA PROCESSING

Responsible for data processing is:

MikroMy med. Versorgung Gesellschaft für mikrobiologische und mykologische Diagnostik mbH.

Practice name: MVZ Ärztehaus Mitte

Address: In den Ministergärten 1, 10117 Berlin, Germany.

Contact details: Phone: 030 - 212 34 36 - 400 Mail: info@aerztehaus-mitte.de

You can reach the responsible data protection officer at:

datenschutz@aerztehaus-mitte.de

2. PURPOSE OF THE DATA PROCESSING

Data processing is carried out on the basis of legal requirements in order to fulfill the treatment contract between you and your doctor and the associated obligations.

For this purpose, we process your personal data, in particular your health data. This includes medical histories, diagnoses, therapy suggestions and findings that we or other doctors collect. For these purposes, other doctors or psychotherapists with whom you are receiving treatment may also provide us with data (e.g. in doctor's letters).

The collection of health data is a prerequisite for your treatment. If the necessary information is not provided, careful treatment cannot take place.

3. RECIPIENTS OF YOUR DATA

We only transfer your personal data to third parties if this is permitted by law or you have consented.

Recipients of your personal data may primarily be other physicians / psychotherapists, associations of panel doctors, health insurance companies, the medical service of the health insurance, medical associations and private medical clearing houses.

The transfer is mainly for the purpose of billing for the services provided to you, for clarification of medical questions and questions arising from your insurance relationship. In individual cases, data will be transmitted to other authorized recipients.

4. STORAGE OF YOUR DATA

We only keep your personal data for as long as is necessary to carry out the treatment.

Due to legal requirements, we are obliged to retain this data for at least 10 years after completion of treatment. According to other regulations, longer retention periods may apply, for example 30 years for X-ray records in accordance with Section 28 (3) of the X-ray Ordinance.

5. YOUR RIGHTS

You have the right to obtain information about the personal data concerning you. You can also request the correction of incorrect data.

In addition, under certain conditions, you have the right to delete data, the right to restrict data processing and the right to data portability.

The processing of your data is based on legal regulations. Only in exceptional cases do we require your consent. In these cases, you have the right to revoke your consent for future processing.

You also have the right to complain to the competent supervisory authority for data protection if you believe that the processing of your personal data is not lawful.

The address of the supervisory authority responsible for us is:

Name: Berlin Commissioner for Data Protection and Freedom of Information.

Address: Friedrichstraße 219 10969 Berlin/Contact details: 030/138 89-0 Fax: 030/215 50 50 E-mail: mailbox@datenschutz-berlin.de

6. LEGAL BASIS

The legal basis for the processing of your data is Article 9(2)(h) DSGVO in conjunction with Paragraf 22(1) No. 1(b) Bundesdatenschutzgesetz. If you have any questions, please feel free to contact us.

Your practice team