

Declaration of consent for data processing/transfer for patients

The following data processing may be necessary to fulfill our tasks:

Data processing subject to consent		
Data category	Data description	Purpose
Accounting data	First name, last name, address, date of birth, AHV, bank details	Ordering of patient-specific medical products (e.g. desensitizations, individual vaccinations, etc.)
Patient data	Name, first name, date of birth, height, weight	Ordering of patient-specific medical products (e.g. desensitizations, individual vaccinations, etc.)

Data transfers requiring consent			
Data category	Data description	Receiver	Purpose
Accounting data	Billing patients, Tarmed code, accounting data	Trust Center and Medidata	Billing patients via trust center
Accounting data	Billing patients, Tarmed code, accounting data	Persons in charge of billing (e.g. relatives, social welfare office)	Service billing (only on behalf of the patient)
Accounting data	Billing patients, Tarmed code, accounting data	Insurance (KK) tiers garant	Billing with insurance companies
Accounting data	First name, last name, address, date of birth, AHV, bank details	Invoicing according to order	Billing orders
Medical history, vaccinations, medication, measurement results	Medical history, vaccinations, medication, measurement results	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals, etc.) and for the consultation of specialists («consilium»)
Incapacity to work	Certificates of incapacity for work	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals, etc.) and for the consultation of specialists («consilium»)
Findings data for clarifications with third parties	Examination results, anamnesis data, suspected diagnosis, laboratory results, medication	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals, radiology, etc.) and for the consultation of specialists («consilium»)

Data transfers requiring consent			
Data category	Data description	Receiver	Purpose
Reports third party service providers	medical reports, laboratory reports, feedback therapy progresses	Third-party service providers incl. medical examiners	within the framework of allocations
Image documentation	X-rays, ultrasound images, skin check photo finder	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals,) and for the consultation of specialists («consilium»)
Laboratory data	Biological data (e.g. blood, urine, etc.)	Laboratories	Performing analyses by medical laboratories
Objective findings	Blood pressure, pulse, BMI, height, weight, head circumference, visual acuity, audio, status, ECG, lung function, ERGO, ABI	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals,) and for the consultation of specialists («consilium»)
Patient data, image data	First name, last name, date of birth, patient number, images	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals,) and for the consultation of specialists («consilium»)
Problem and diagnosis list	Keeping a problem and diagnosis diary, logging the consultation.	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals,) and for the consultation of specialists («consilium»)
Master data patients	First name, last name, gender, religion, address, telephone, email, contact details of legal representatives/relatives, contact details of family doctor, date of birth, AHV no., occupation, employer, health insurance company, accident, IV.	Third-party service providers incl. medical examiners	in the context of referrals (e.g. to hospitals,) and for the consultation of specialists («consilium»)

All personal data beyond this are excluded from this consent. I further acknowledge that the consent in question may be revoked in whole or in part at any time without affecting the lawfulness of the processing carried out on the basis of the consent until revocation.

I hereby consent to the processing/transmission of my data listed above.

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 First name, last name of authorized signatory

Place, date

Signature