

Einverständnis zur Erhebung/ Übermittlung von Patientendaten



Dr. med. Ralf Schreiber
Facharzt für Frauenheilkunde
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Dear Patient,
according to the EU Data Protection Basic Regulation (DSGVO) we are obliged to inform you about the purpose for which our practice collects, stores or passes on data. You will find this information on display in the waiting room or, if you wish, you can also get it to take away.

I

agree that:
(please tick as appropriate)

Dr. med. Ralf Schreiber/Dr. med. Brigitta Landstorfer will transfer my treatment data and findings to my general practitioner/ referring physician for the purpose of documentation to be kept by my general practitioner/ referring physician and for further treatment. There will be no general report to the general practitioner, except for relevant findings in consultation with me;

Dr. med. Ralf Schreiber collects from my general practitioner or other physicians or service providers the treatment data and findings necessary for my treatment and processes and uses them for the purposes of the medical services to be rendered by Dr. med. Ralf Schreiber/Dr. med. Brigitta Landstorfer;

all physicians (owners, representatives) of the practice can view my treatment data;

my treatment data are made accessible to an external laboratory (e.g. for blood tests/smears) (absolutely necessary for treatment);

my findings are transmitted to me by e-mail/fax, although I have been informed that this is an insecure and unencrypted way of transmitting findings;

I will be contacted by e-mail or other electronic means of transmission or by telephone to remind me of appointments agreed with us, possible follow-up appointments or due health checks and preventive medical check-ups, although fast and uncomplicated communication by e-mail can be associated with a loss of confidentiality and security.

e-mail: _____

Phone number: _____

Date: _____ Signature: _____

I am aware that I can revoke this declaration for the future, in whole or in part, at any time.