Dr. med. B. Mathes
Fachärztin für Allgemeinmedizin und Innere Medizin

# Declaration of Consent to the collection and transfer of data about the patient

Please complete

Surname, first name, date of birth

I declare my consent to allow personal information about myself to be collected and processed in the medical practice of

Praxis Dr. med. Barbara Mathes

Heimstraße 15

89073 Ulm

Details relaiting to our Data Protection provisions are available in a pamphlet (only available in German) in the waiting room.

I declare my consent that:

1. Information about medical treatments and diagnostic result relating to me from other medical practitioners, psychotherapists and service providers can be requested for the purposes of documentation and for further therapy.
2. Information about medical treatments and diagnostic results relating to me may be transferred to other medical practitioners, psychotherapists and service providers treating me. This includes for example, laboratories e.g. for blood tests, providing results needed for treatment and diagnostics.
3. I will be informed about appointments and procedures relating to my treatment.
4. Findings, reports, lab results, and other sensitive data, as well as appointment reminders, may be sent to me via email upon my request. I am aware that emails are not sent encrypted and assume the associated risks.

I acknowledge that I can withdraw this consent at any time, wholly or partially, for the future. I have been informed of the consequences of withdrawing consent.

Date

Patient´s or legal guardian´s signature