

## Declaration of consent for collection, use and transmission of personal data



Patient label

Dear Patient,

In order to provide you with the best possible treatment, it may be necessary to consult other specialists, e.g. within the framework of interdisciplinary consultations (interdisciplinary conferences) or to obtain a second opinion. Furthermore, it may be necessary to transfer your data to a doctor for the purpose of co-treatment, further treatment or aftercare.

As a medical institution we are obliged to provide documentation. It is useful to take pictures (photo, video) of the altered tissue (surgical area) for documentation and quality assurance (traceability) when taking samples or performing surgical procedures.

For patients in gynecology:

We would like to contact you at regular intervals regarding the further course of your health or illness. These contacts and the data collected through them are used exclusively for quality assurance of the examinations or treatments performed, or for clinical research. The use of the data/material in the context of clinical research is exclusively in pseudonymous form (without indication of personal data).

For the collection and forwarding of your personal data, your consent is required in accordance with art. 6, 7 and 8 GDPR (General Data Protection Regulation). The data may only be used for the intended purpose and in accordance with the regulations of the GDPR and the FDPA (Federal Data Protection Act).

Your personal data includes:

- Master data (form of address, first name, surname, and title, address, or date of birth, if necessary)
- Contact details (telephone number (landline and/or mobile), email address, fax number, if necessary)
- Social data (health insurance company, insurance status)
- The treating or referring doctor
- Any existing recordings (photo, video) of altered tissue (surgical area)

The special categories of personal data include:

- Health data (health status, medical history)
- Any other existing information necessary for the treatment (e.g. marital status, children, desire to have children)

### Information about your right of objection according to Article 21 GDPR

You have the right to object at any time, for reasons arising from your particular situation, to the processing of personal data concerning you which is conducted on the basis of Article 6, paragraph 1, letter f of the GDPR (processing to secure the legitimate interests of the data controller or a third party). If you object, we will no longer process your personal data unless we can provide compelling reasons for processing that are worthy of protection and outweigh your interests, rights and freedoms, or the processing serves to assert, exercise or defend legal claims.

**Declaration of consent for collection, use  
and transmission of personal data**



**With my signature I declare my consent to the collection, use and transmission of personal data for the following purposes:**

*Please tick the appropriate box. (If you have any questions, please contact our practice team in advance)*

Further treatment by another medical doctor (e.g. referring doctor or doctor with a different specialty)	<input type="checkbox"/> I approve	<input type="checkbox"/> I do <u>not</u> approve
Consultation/second opinion for quality assurance of your treatment (e.g. interdisciplinary conferences to develop an ideal therapy plan, second opinion by another laboratory in case of unclear findings)	<input type="checkbox"/> I approve	<input type="checkbox"/> I do <u>not</u> approve
Images (photo/video) of altered tissue for documentation and quality assurance (e.g. for sample collection or surgical procedures)	<input type="checkbox"/> I approve	<input type="checkbox"/> I do <u>not</u> approve
Contact for quality assurance of our procedures in the office and the treatment you have received (e.g. by questionnaire)	<input type="checkbox"/> I approve	<input type="checkbox"/> I do <u>not</u> approve
Use of data/material for clinical research (pseudonymous, i.e. without indication of personal data)	<input type="checkbox"/> I approve	<input type="checkbox"/> I do <u>not</u> approve

**The approvals are based on my voluntary decision and are also valid for future treatments. These approvals can be revoked at any time with immediate effect.**

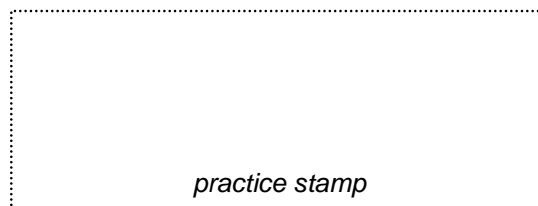
**I also confirm with my signature that the patient information on data protection has been made available to me.**

Name: \_\_\_\_\_

\_\_\_\_\_  
Place, Date

X \_\_\_\_\_  
Signature

*\*\*\*For minors we require the signatures of all legal representatives. If only one legal representative signs, the legal representative assures to have sole custody or to act on the authority of the other legal parent.*



*This document is stored in digital form in the patient's card.*