



Consent for the collection and transmission of patient data of:

Name, first name, date of birth

I agree that for the duration of the treatment relationship with the **Radiologisch-nuklearmedizinische Gemeinschaftspraxis Celle, Neumarkt 1, 29221 Celle**, the latter may request treatment data and findings concerning me from the physicians, psychotherapists, laboratory physicians and other medical service providers named below by secure means for the purpose of further care, treatment and documentation, and may also transmit these data to these authorized persons with this purpose, insofar as it is necessary for my treatment.

- YES**, the above-mentioned practice may, if necessary, transmit findings and treatment data to all physicians treating me and, if necessary, may also request such data
- No, only to/from the following physician(s): _____

I further agree that to the following **relatives** (NOT PHYSICIANS!), my personal documents may be released by the practice as mentioned above:

- 1.) _____ all documents
Name, first name, date of birth prescriptions/referrals only
 only treatment and findings documents (e.g. CD)
- 2.) _____ all documents
Name, first name, date of birth prescriptions/referrals only
 treatment and findings documents (e.g. CD)

Consent to appointment reminders via SMS and/or e-mail

In order to reduce missed appointments, we would like to remind you of your appointment via SMS and/or e-mail using the "**Doctolib Calendar System**". Please confirm with your signature that you agree to this.

If you no longer wish to receive reminders, please let us know at any time and we will cancel the reminders.

- Yes, I would like to receive appointment reminders, my mobile number is: _____
and/or my e-mail address is (in block letters): _____
- No, I do not want to receive appointment reminders.

I am aware that my treatment data will be made available to me and the assigned physicians digitally via the patient portal. I am aware that I can withdraw this consent in whole or in part at any time for the future. A withdrawal does not affect the legality of the transmissions or requests made so far.

Celle, the _____
Signature of the patient or legal representative

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 transmits data. The information also informs you about your rights regarding data protection.

1. RESPONSIBILITY FOR DATA PROCESSING

<p>Radiologisch-Nuklearmedizinische Gemeinschaftspraxis Celle Dres. Ivančević/Wolter/Kratz/Golub/Bronzlik Neumarkt 1, 29221 Celle Telefon: 05141 – 92930 Telefax: 05141 - 929320 Email: info@radiologie-celle.de</p>	<p>Contact details of the data protection officer: Radiologisch-Nuklearmedizinische Gemeinschaftspraxis Celle Neumarkt 1, 29221 Celle Telefon: 05141 – 92930 Email: datenschutz@radiologie-celle.de</p>
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2. PURPOSE OF DATA PROCESSING

Data processing is based on legal requirements in order to fulfill the treatment contract between you and your physician 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 physicians collect. For these purposes, other physicians or psychotherapists with whom you are receiving treatment may also provide us with data (e.g. in medical reports). The collection of health data is a prerequisite for your treatment. If the necessary information is not provided, careful treatment cannot take place. In addition, we process your data on the basis of your consent given to us.

3. RECIPIENTS OF YOUR DATA

We only transmit 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, Association of Statutory Health Insurance Physicians, health insurance companies, the medical service of the health insurance, medical associations and private medical clearing houses. The transmission is mainly for the purpose of billing for the services provided to you, for clarifying medical questions and questions arising from your insurance relationship. In individual cases, data will be transmitted to other authorised recipients. A transmission to the referring physicians takes place on the basis of the legal requirement according to § 85 para. 3 no. 3 Radiation Protection Act.

4. STORAGE OF YOUR DATA

We keep your personal data only as long as it is necessary for the execution of the treatment. Due to legal requirements, we are obliged to keep 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 according to 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 may 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 withdraw your consent for future processing. You also have the right to lodge a complaint with the relevant data protection supervisory authority if you consider that the processing of your personal data is not lawful.

The address of the supervisory authority responsible for us is:

Landesbeauftragte für den Datenschutz Niedersachsen
Prinzenstraße 5
30159 Hannover
Telefon: 0511 – 120- 4500
Telefax: 0511 – 120- 4599
Email: poststelle@lfd.niedersachsen.de

6. LEGAL BASIS

The legal basis for the processing of your data is Article 9 (2) lit. h) GDPR / Section 22 (1) no. 1 lit. b) Federal Data Protection Act in conjunction with § 85 (3) No. 3 Radiation Protection Act. In addition, the legal basis is Art. 6 para. 1 lit. a) GDPR or, in the case of health data, Art. 9 para. 2 lit. a) GDPR, provided that you have given us your consent to process your data. If you have any questions, please feel free to contact us.

Your practice team of the „Radiologisch-nuklearmedizinischen Gemeinschaftspraxis Celle“