

# Formal Written Consent

acc. to §4a Bundesdatenschutzgesetz/Federal Data Protection Law  
(forwarding of information of personal data)



**Dear Patient,**

my/our invoice processing is undertaken by the PVS/Schleswig-Holstein • Hamburg rKV. Thanks to this support we can considerably relieve us and our personnel of administrative work, so that we can spend more time and attention to our patients. The PVS has been founded as medical/dental community association already in 1926. The PVS is managed by medical directors and always works in accordance with the doctor's instructions. In consequence of § 203 StGB (German penal code) the personnel of the PVS is - like any doctor/dentist - obliged to maintain confidentiality and to comply with the German data protection law.

We kindly ask you to entitle us by your present signature, to forward any data necessary for a correct processing of invoices, especially address, date of birth, name of cost bearer, treatment dates, services provided as to the description in the doctor's fee schedule (GOÄ) and the according diagnoses to the PVS and to assign the payment claims to the PVS for collection purpose.

Of course, your consent is revocable in any individual case.

In addition we kindly ask you for your written consent (by present signature) to the forwarding of the necessary medical data to other attending physicians and to institutions or physicians, involved in eventual special medical examinations (laboratory, taking of tissue samples, x-ray examination etc.)

**I hereby declare my consent:**

\_\_\_\_\_  
Surname, First name (of Patient)

\_\_\_\_\_  
If necessary Surname, First name  
(legal representative/s)

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Signature of patient or  
legal representative/s

\_\_\_\_\_  
Doctor's Stamp

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