

Important information about your private settlement

(Art. 12 et seq., GDPR in conjunction with § 32 et seq., Federal Data Protection Act)

Dear patients,

Please take a bit of time for your own matters.

In the course of your treatment, data about you are created and have to be processed by our surgery in order to perform the treatment contract to the necessary extent. They can be forwarded to third parties (e.g. laboratories, doctors giving further treatment) to the extent necessary in the case in question, complying with data protection law directives. We only transmit your personal data to third parties if this is permitted by law or you have given consent.

For settlement of our services rendered for you, we intend to commission the PVS/ Schleswig-Holstein • Hamburg, an association of medical professions, founded in the year of 1926 with years of experience in settlement of medical fees. The purpose of our cooperation is to relieve our administration questions. As a result of this, we gain more time for optimum treatment of our patients. Your fee settlement is done according to our requirements.



We therefore ask you to read through the declaration of consent on the reverse and to grant us your consent for the procedure for fee settlements described there, in particular for forwarding of your health data necessary for this. Your consent is voluntary. Your treatment is independent of this declaration of consent.

The recipient of the data is PVS/ Schleswig-Holstein • Hamburg. Just like us, the PVS is subject to professional non-disclosure and the provisions of the statutory non-disclosure duty and data protection. Sometimes questions or wishes about an invoice arise. PVS/ Schleswig-Holstein • Hamburg is also pleased to help you here, to answer questions on the collation of the codes, to issue duplicates and also to support you in the counter-argumentation if your cost bearer or your insurance company makes complaints. In all questions about the settlement, you can reach the PVS/ Schleswig-Holstein • Hamburg as your competent contact under the address Moltkestr. 1, 23795 Bad Segeberg or under the telephone number 04551-809-0 or by e-mail: info@pvs-se.de and www.pvs-se.de.

The health data processed by PVS/ Schleswig-Holstein • Hamburg are blocked as soon as the purpose no longer exists and are erased after the expiry of the statutory archiving periods. You have the right to obtain information about the personal data concerning you. You can also demand rectification of incorrect data. In addition, you have the right to erasure of data, the right to restriction of data processing and the right to data portability under certain preconditions. Please send your questions about data protection directly to the data protection coordinator of the PVS/ Schleswig-Holstein • Hamburg (e-mail: datenschutz@pvs-se.de).

You can find further information about data protection at the PVS in the "PVS transparency declaration", which is also available on the internet at any time under www.pvs-se.de/transparenz.

You further have the right to complain to the responsible supervisory authority for data protection if you are of the opinion that the processing of your personal data is not lawful.

Many thanks for your trust.

Registration form for private patients

Surgery stamp

Patient and contact data

Surname, first name (person treated)	Date of birth (person treated)
Surname, first name (invoice recipient)	Date of birth (invoice recipient)
Street, house number	Postcode
Telephone (private)	Telephone (work)
E-mail (private)	E-mail (work)
Employer	Profession
	Town
	Telephone (mobile)
	Fax (private)
	Family/transferring doctor

Insurance

Cost bearer / insurance company

Insurance number / contract number

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Private insurance full insurance tariff/normal tariff (direct payer) | <input type="checkbox"/> Post-B |
| <input type="checkbox"/> Statutory private insurance basic tariff (§ 75, Vol. V, German Social Code)* | <input type="checkbox"/> KVB III |
| <input type="checkbox"/> Private insurance emergency insurance at standard tariff rates (§ 75, Vol. V, German Social Code)* | <input type="checkbox"/> KVB IV |
| <input type="checkbox"/> Private insurance standard tariff (§ 257, Vol. V, German Social Code)* | |
| <input type="checkbox"/> Private insurance student tariff | |
| <input type="checkbox"/> Others: _____ | * proof necessary |

Declaration of consent

Dear patients,
for settlement of our services rendered for you, we intend to commission the PVS/ Schleswig-Holstein • Hamburg. As a result of this considerable relief from administrative work, we gain more time for optimum treatment of our patients. The PVS was founded back in 1926 by doctors/dentists as a professional joint institution. It is under medical management and the settlement of our fees is done according to our requirements. Just like us, the PVS is subject to professional non-disclosure and the provisions of the statutory non-disclosure duty and data protection.



Surgery stamp

1. I agree to forwarding information taken from the patient's file which is necessary for the purpose of settlement of the medical services rendered (name, date of birth, address, diagnosis, cost bearer, examination and treatment data) and assignment of the claim for the purpose of collection to the PVS/ Schleswig-Holstein • Hamburg, Moltkestr. 1, 23795 Bad Segeberg.
2. If differing opinions exist about the entitlement of the claim, I agree to the forwarding of the data from the patient's file necessary over and above this for substantiation of the invoice to the PVS/ Schleswig-Holstein • Hamburg.
3. This declaration also applies to claims originating from future treatments. It can be revoked towards my doctor or the PVS/ Schleswig-Holstein • Hamburg in writing at any time with an effect for the future. Revocation of the consent does not affect the lawfulness of the processing done up to the time on the basis of this consent. In the event of a revocation, there will be no further data transmission between doctor/surgery and the PVS/ Schleswig-Holstein • Hamburg.

I hereby grant my consent:

Surname (patient)	First name (patient)	Date of birth (patient)
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if applicable surname, first name (statutory representative) Place, date	Signature (patient or statutory representative)
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* If one parent signs alone for minor children, he/she expressly assures that the consent of the other bearer of the parental custody also exists.