

# Pulmologische Praxis am Hassel

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## Consent to the processing / Transfer of patient data

### 1. Care and treatment according to the Social Code Book 5 (SGB V)

I agree that for the duration of the treatment relationship, my above-mentioned Contracted doctor/psychotherapist can request treatment data, findings and prescriptions concerning me from other doctors, psychotherapists and other medical service providers (hospitals, nursing services, etc.) on a legal and contractual basis for the purpose of further care, treatment and documentation in a secure manner and also with this Appropriate purpose may be transmitted or handed over to these entitled persons.

If necessary, information for specialists  
Family doctor.

\_\_\_\_\_ / \_\_\_\_\_  
Name.

Practice location

### 2. Third party authorization (optional)

I further agree that the data and regulations listed below (please tick as appropriate) may be transmitted or handed over to third parties named below by the above-mentioned contract doctor/psychotherapist, so that medical confidentiality and data protection confidentiality do not apply to:

Relatives / life partners / other entitled persons

- personal data.
- Treatment and diagnostic data.
- Recipes and regulations.

a) Name, First Name, Birth Day

.....  
.....

If necessary, indicate relationships/relatives, for example: spouse, father, mother, child, life partner, friend, neighbor

- personal data.
- Treatment and diagnostic data.
- Recipes and regulations.

b) Name, First Name, Birth Day

.....  
.....

If necessary, indicate relationships/relatives, for example: spouse, father, mother, child, life partner, friend, neighbor

### Transport company / Driving Service

- personal data

I am aware that the above mentioned Proof of identity is required from authorized third parties if they are not personally known in practice. Proof of identification may also be required from medical service providers under number 1 whose employees appear at the practice in my interest (e.g. nursing home, medical supply store, home nursing, etc.).

### 3. Possibility of revocation

I am aware that I can revoke this consent to data processing in the doctor's practice in whole or in part at any time in the future. A revocation does not affect the legality of the previous transmissions or requests.

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

Signature of the Patient or legal Representative

Pulmonology Practice Dr. med. Susanne Riese / Data Protection Officer Sister Susann / Transfer of Patient Data / Nov. 2023

Note according to the General Data Protection Regulation: The "Information on the Collection of Personal Data" can be viewed in practice.