

Declaration of Consent

Today, I am visiting mundum for the first time for a dental treatment during office hours. I hereby agree to the saving of the contact details necessary for my treatment into the office's computer system.

Only the minimum amount of data necessary will be saved and used exclusively for the purpose of offering treatment.

The following information is collected:

- Personal information such as first name, last name, date of birth, address, health insurance company
- Contact information such as phone number or e-mail address, should you wish to be notified about an upcoming appointment
- Billing information for the invoice of a specific treatment, either for you or your health insurance company
- Results and prescriptions
- X-ray images
- And other data necessary for the production of a dental prosthesis

Only the employees in our office, who have signed a confidentiality agreement in accordance with the E.U. General Data Protection Regulation (GDPR), have access to your information.

We will only pass on your information to third parties insofar as statutory provisions legally oblige us to do so.

This could include:

- Transmission to Associations of Statutory Health Insurance Physicians
- Transmission to auditing agencies
- Transmission to health insurance companies
- Transmission to health insurance medical services

Other obligations to the transmission of personal data may ensue due to:

- The Infection Protection Act (§§ 6 ff. IfSG)
- Cancer registry laws of certain states
- German X-ray Regulations
- German Radiation Protection Ordinance

Should we charge you directly for a treatment (as a privately insured patient or for a treatment that is not covered by your statutory health insurance), we will transfer the personal information necessary for the invoice to our central clearing center. Should we need to send your information to any other entity, we require your written consent to do so.

We advise you that you have the right to access any of your information that has been saved by our office. You have the right to correct falsely entered information and can request a deletion of such. We are legally obliged, however, to store patient files for at least ten years after the last visit.

Should you have Questions regarding your compiled data, you can contact us at any time. Your right to data protection is protected by the Nordrhein-Westfalen Commissioner for Data Protection and Freedom of Information, reachable at:

Landesbeauftragte für Datenschutz und Informationsfreiheit
Nordrhein-Westfalen, Postfach 20 04 44, 40102 Düsseldorf
Phone: 0211/38424-0, Fax: 0211/38424-999, E-Mail: poststelle@ldi.nrw.de

I hereby declare that I have read and understood the text above. My consent is willfully granted.

Name _____

Legal Guardian's Name _____

Address _____

Phone Number _____

Cologne, Date _____

Patient Signature _____