

Registration & medical history form

date: _____

Dear patient,

Welcome to our dental practice. For a risk-free treatment, it is very important that you will answer the questions below thoroughly. All information given are of course subject to the duty of medical confidentiality of the dentist and his team.

Thanks for your support!

patient

last Name: _____
first Name: _____
date of birth: _____
state of birth: _____
address: _____
e-mail: _____

who is the main insurance holder?

last name: _____
first name: _____
date of birth: _____

phone

private: _____
mobile: _____
business: _____

who should be invoiced?

last name: _____
first name: _____
address: _____

profession: _____
employer: _____

Are you entitled to public service aid ?
yes no

Health insurance: _____
mandatory insurance: yes no

How did you hear about us? _____

Are there any health risks ?

If yes, please explain? _____

Do you take medication regularly ? If yes, please describe: _____

Have you ever had a heart attack? yes no
Do you have a cardiac pacemaker or a heart valve replacement? yes no
Do you suffer from heart insufficiency or heart failure? yes no
Do you suffer from heart ? yes no
Do you suffer from Angina Pectoris? yes no

Last Name: _____ **First Name:** _____ **DOB:** _____

Dear patient, 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 forwards data. The information also tells you what rights you have with regard to data protection.

By signing this form, you consent to the following points. Treatment cannot take place without your consent.

1. RESPONSIBILITY FOR DATA PROCESSING

Responsible for data processing is:

Practice name: Dental practice Dr. Alexander Götz

Address: Kochkellerstr. 7, 92224 Amberg

Contact: Telephone 09621-32444

You can reach the responsible data protection officer using the contact details above.

2. PURPOSE OF DATA PROCESSING

Data processing is carried out on the basis of legal requirements in order to fulfill the treatment contract between you and your dentist and the associated obligations.

To this end, we process your personal data, in particular your health data. This includes medical histories, diagnoses, treatment suggestions and findings that we or other dentists collect. Other dentists, doctors or therapists with whom you are receiving treatment may also provide us with data for these purposes (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.

3. RECIPIENTS OF YOUR DATA

We only transfer your personal data to third parties if this is necessary.

Recipients of your personal data may primarily be other doctors/therapists, associations of statutory health insurance dentists (KZVB), health insurance funds, the medical service of the health insurance funds, medical associations and private medical clearing houses.

The transmission is mainly for the purpose of billing the services provided to you, but also to clarify medical questions and questions arising from your insurance relationship. In individual cases, data may be transferred to other authorized recipients.

4. STORAGE OF YOUR DATA

We only store your personal data for as long as is necessary to carry out the treatment.

Due to legal requirements, we are obliged to retain this data for at least 10 years after completion of treatment. Other regulations may stipulate longer retention periods, for example 30 years for X-ray records in accordance with Section 28 (3) of the X-ray Ordinance.

5. YOUR RIGHTS

You have the right to receive information about the personal data concerning you. You can also request the correction of incorrect data. In addition, under certain conditions, you have the right to erasure of data, the right to restriction of data processing and the right to data portability.

Your data is processed on the basis of legal regulations. We only require your consent in exceptional cases. 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 competent data protection supervisory authority if you believe that your personal data is being processed unlawfully.

6. LEGAL BASIS

The legal basis for processing your data is Article 9(2)(h) GDPR in conjunction with Section 22(1)(1)(b) of the Federal Data Protection Act. If you have any questions, please do not hesitate to contact us.

Your practice team

I have read the above data protection provisions and hereby consent to them.

Place, Date: _____

Patient Signature: _____