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Anmeldeformular Registration Form

Kind
Child

Name Family name

Vorname First name

Geburtsdatum Date of birth

Adresse (Strasse / Nr.) Address

PLZ / Wohnort Postal code / place

Krankenkasse Health insurance

Police-Nr Insurance policy

Mutter
Mother

Name Family name

Vorname First name

Geburtsdatum Date of birth

Telefonnummer Phone number

E-Mail

Vater
Father

Name Family name

Vorname First name

Geburtsdatum Date of birth

Telefonnummer Phone number

E-Mail

I confirm with my signature that I agree to the **processing** of my data, **access** to the data by the doctor and the **transfer** of the data to third parties in accordance with the patient information on the following page. I am aware of possible risks associated with the exchange of particularly sensitive personal data (possible access by unauthorised third parties in the case of insecure communication channels) as well as my rights and give my consent to the mutual contact between my doctor and myself as a patient through the contact information provided above. Patient information will only be passed on by the medical practice via secure communication channels.

I agree that administrative matters, such as rescheduling appointments, may be communicated by unencrypted e-mail (@to address to recipient address such as @bluewin.ch, @gmail.com etc.).

Yes

No

The Federal Health Insurance Act (KVG) stipulates that patients receive a copy of the medical bill.

I approve billing by the Tiers Payant system to my health insurance.

Yes

No

I approve in case of non-payment – without including any medical information – forwarding the billing information to a debt collection institution and the responsible public authorities.

The relationship between clinician and patient is subject to substantive Swiss law.

The Swiss courts at the clinician's domicile or office shall exclusively have jurisdiction over existing and subsequent disputes resulting from the relationship between the clinician and the patient as well as from respective inter-related contracts.

Date

Signature

Patient information on the handling of personal data

In the following we inform you about the purpose for which the above-mentioned medical practice (hereinafter referred to as medical practice) collects, stores or forwards your personal data. In addition, we inform you about your rights, which you can exercise within the framework of data protection.

Responsibilities The medical practice is responsible for processing your personal data and in particular your health data. If you have any questions about data protection or if you wish to exercise your rights within the framework of data protection, please contact the practice staff or your doctor directly.

Collection and purpose of data processing The processing (collection, storage, use and retention) of your data is carried out on the basis of the treatment contract and legal requirements for the fulfilment of the purpose of treatment and the associated obligations. On the one hand, data is collected by the doctor treating you in the course of your treatment. On the other hand, we also receive data from other doctors and health professionals with whom you have been or are being treated, if you have given your consent for this. In your medical history, only data related to your medical treatment will be processed. The medical history includes the personal information provided on the patient form, such as personal details, contact details and insurance details, as well as, among other things, the educational interview conducted as part of the treatment, collected health data such as medical histories, diagnoses, therapy proposals and findings.

Duration of retention Your medical history will be retained for 20 years after your last treatment. After that, with your express consent, it will be retained or securely deleted or destroyed.

Transfer of data We only transfer your personal data and in particular your medical data to external third parties if this is permitted or required by law or if you have consented to the transfer of data as part of your treatment.

- The transmission to your health insurance or to the accident or disability insurance is for the purpose of billing for the services provided to you. The type of data transmitted is based on the legal requirements.
- The transfer of data to cantonal and national authorities (e.g. cantonal medical service, health departments, etc.) is based on legal reporting obligations.
- Optional: The necessary patient and invoice data is passed on to the collection agency for the purpose of debt collection (collection of due monetary claims).

In individual cases, depending on your treatment and your corresponding consent, data will be transferred to other authorised recipients (e.g. laboratories, other doctors).

Revocation of your consent If you have given your express consent for data processing, you can revoke an already given consent in whole or in part at any time. The revocation or the wish to change consent must be made in writing. As soon as we have received your written revocation and the processing cannot be based on any other legal basis than consent, the processing will be stopped. The legality of the data processing carried out until the revocation remains unaffected by the revocation.

Information, inspection and disclosure You have the right to obtain information about your personal data at any time. You may inspect your medical history or request a copy. A charge may be made for the provision of a copy. You will be informed in advance of any costs, which will depend on the time and effort required to make the copy.

Right to data transfer You have the right to have data that we process automatically or digitally handed over to you or to a third party in a common, machine-readable format. This applies in particular to the transfer of medical data to a health professional of your choice. If you request that the data be transferred directly to another person responsible, this will only be done insofar as it is technically feasible.

Correction of your data If you discover or believe that your data is incorrect or incomplete, you have the option of requesting a correction. If neither the correctness nor the incompleteness of your data can be ascertained, you have the option of attaching a notice of dispute.

Appointment cancellations

Appointments that are not cancelled at least 24 hours in advance may be charged to your account. We therefore ask you to inform us in good time.