

Personal Information

Last name: _____

First name: _____

Address _____

Postal code/location: _____

Date of birth: _____

Gender: female male diverse

Nationality/ language: _____

Phone / Mobile: _____

E-Mail: _____

Occupation: _____

Employer: _____

Legal representative

Last name, first name: _____

Address: _____

Phone / Mobile: _____

E-Mail: _____

Emergency contact

Last name, first name: _____

Phone / Mobile: _____

Spouse Life partner Parent

Daughter/ Son Other

« Living will » or « Advance care directive »

Do you have Living will

Advance care directive

Health insurance

Health insurance company _____

Location _____

Health Maintenance Organisation yes no

Insurance number _____

Invoicing

We will send your invoice directly to your health insurance company. If you would like the invoice to be sent to you instead, please let us know. A copy of the invoice will be sent to you automatically by e-mail. The doctor is authorised to forward the data required for invoicing both to the billing institution and to the institution responsible for any debt collection or to the lawyer involved or to the competent state authorities. Cash payment is mandatory for patients resident abroad or with foreign health insurance. Place of jurisdiction is Zurich.

Quality management / Data protection

We attach great importance to a high quality of care. In order to continuously improve medical quality and patient safety, we have patient histories checked periodically and randomly by internal and external specialists. By consenting to the further use of your data, you are helping to promote the best possible care and patient safety.

If data is provided externally for study purposes, it is anonymised and no conclusions can be drawn about your personal identity. We treat your data confidentially and protect it against unauthorised access.

For further information on data protection, please refer to the data protection declaration on the reverse; the information is also available in the waiting room or can be obtained from reception.

Authorisation

My doctor is authorised to request medical records about me from other health care providers and to send medical results to the doctor providing follow-up treatment.

Cancellation of appointments

Please cancel appointments at least 24 hours in advance, otherwise you may be charged for the appointment.

Location / Date: _____

Signature _____

I hereby declare that my details are correct, that I have read the information above and on the back of the form and that I agree with it.

Patient information on the handling of personal data

Below we inform you about the purpose for which the Aerztezentrum Sihlcity AG collects, stores or forwards your personal data. We also inform you about your rights 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 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 based on the treatment contract and legal requirements to fulfil the purpose of treatment and the associated obligations. On the one hand, data is collected by the treating doctor as part of your treatment. On the other hand, we also receive data from other doctors and healthcare professionals with whom you have been or are being treated, if you have given your consent. Only data relating to your medical treatment will be processed in your medical history. 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 consultation carried out as part of the treatment, health data collected such as anamnesis, diagnoses, therapy suggestions and findings.

Duration of storage Your medical history will be stored for 20 years after your last treatment. After that, it will be kept with your express consent 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.

Data is transferred to your health insurance company or accident or disability insurance company for the purpose of invoicing the services provided to you. The type of data transmitted is based on the legal requirements.

- Data is passed on to cantonal and national authorities (e.g. cantonal medical service, health departments, etc.) on the basis of statutory reporting obligations.
- The necessary patient and invoice data is passed on to the debt collection agency for the purpose of debt collection (collection of outstanding debts).
- In individual cases, depending on your treatment and your corresponding consent, data may be transferred to other authorized recipients (e.g. laboratories, other doctors).

Withdrawal of your consent If you have given your express consent for data processing, you can withdraw your consent in whole or in part at any time. The revocation or request 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 legal basis other than consent, the processing will be discontinued. The lawfulness of the data processing carried out up to the time of 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 can view your medical history or request a copy. A cost price will be charged for the production of copies and, if applicable, for forwarding them on a USB stick.

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 commonly used, machine-readable format. This also applies in particular to the transfer of medical data to a healthcare professional of your choice. If you request the direct transfer of the data to another health care provider, this will only take place if it is technically feasible.

Communication via email I am aware of the possible risks of data exchange of particularly sensitive personal data (possible access by unauthorised third parties via insecure communication channels) and my rights and give my consent for mutual contact between my doctor and myself as a patient via 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 handled using unencrypted e-mail communication (from @hin address to recipient address such as @bluewin.ch, @gmail.com etc.).

Correction of your data If you discover or are of the opinion 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 determined, you have the option of attaching a note of dispute.

Zürich, 1.1.2024