

Declaration of consent

Surname, Firstname: _____

Address: _____

Dear patient,

Because of your treatment we have to capture personal information about you, your insurance and your health. Of course, those information will be handled strictly confidential. Due to statutory duties the dentist is obligated to process necessary data and retransmit them. In the following you can find an overview for data privacy.

information will be send to:

- 1. Transmission to laboratory** Written order to create dentures, splints and orthodontic treatment devices.
- 2. Data transmission to the billing offices, the dental health insurance union, the medical insurance companies, appraisers, collection agency, referrer, tax office (for processing invoices), external accounting offices, IT company**

I hereby agree on processing my personal information for the listed purposes.

If wanted, you can get more information about data privacy.

I have been informed that I can revoke this consent at any time in writing or by sending an E-mail to the office (based on article 7 act 3 DSGVO).

I know that the revocation that I can make at any time won't affect the legality of processing information until the revocation (based on article 7 act 3 sentence 2 DSGVO).

Chemnitz, _____

Date

Signature or signature of legal guardians