

**(Art. 12 further following GDPR in Connection with para. 32 further following FDPA)**

Dear Patient,

In connection with your treatment our Clinic processes an abundance of information about you. We draw your attention in this way that we will only transfer your personal information to third parties (e.g. other doctors, hospitals, laboratories), if this is allowed by law or you have consented.

In order to relieve our administration, we intend to have the billing of medical services carried out by Koelner Abrechnungsdienst Heiartz & Vogel oHG (hereinafter referred to as "KAD"), Flachsweg 2, 50933 Cologne (in short: "KAD"). The KAD has over 30 years of experience and expertise in the private billing. By the integration of KAD, our clinic can concentrate on its core competence, the best possible care and treatment of patients.

As a holder of professional secrecy, KAD - like us - is subject to the provisions of the statutory duty of confidentiality and data protection. Please read the following declaration of consent at your leisure and agree to the procedure for billing medical services shown there, in particular our forwarding of your health data to the KAD. Consent is voluntary and independent of your treatment.

The health data processed by KAD will be blocked from end elimination and deleted upon expiry of the legal retention periods. You have the right to request information about your data. You can also request us the correction of incorrect data. In addition, under certain conditions you have the right to have your data deleted, the right to restrict data processing and the right to data portability. Please contact the KAD data protection officer at the above address or by e-mail at [datenschutz@kad-koeln.de](mailto:datenschutz@kad-koeln.de).

You also have a right to complain to the competent supervisory authority for data protection, if you believe that the processing of your personal data is not lawful. The supervisory authority can be contacted at the following address:

State Commissioner for Data Protection and Freedom of Information North Rhine-Westphalia, Postbox 20 04 44, 40102 Dusseldorf

**Consent to billing medical services**

Hereby I declare,

<b>patient</b> family Name, first Name	Date of Birth
Phone number	tariff
<b>invoice recipient</b> family Name, first Name	Date of Birth
street	
Zip code, City	e-mail
Health insurance / cost carrier (voluntary)	Employer (voluntary)

I expressly agree that in connection with the medical services collected data (name, date of birth, address, diagnosis, performance numbers, treatment and examination data or procedure of sessions and - to the extent specified by me - voluntary information) for the purpose of billing and the assignment be passed the requirement for collection, to the Koelner-Abrechnungsdienst Heiartz & Vogel oHG (in short "KAD") Flachsweg 2, 50933 Köln (Art. 6, para. 1 p 1 lit. a, 9 para. 2 lit. a GDPR). I am aware that my data (including name, Date of birth and address of the patient / payer) – in case of non-payment required - for the purpose of obtaining credit information to a credit reporting agency and for purposes of judicial and / or judicial enforcement of the claim to a collection agency and / or legal counsel may be forwarded (Art. 6 abs. 1 p 1 lit. f GDPR, Art. 9 abs. 2 lit. f GDPR). I release the attending physician and KAD from their duty of confidentiality within the scope described above.

This declaration also applies to claims arising from future treatments. It may be revoked at any time with effect for the future in writing (**e.g. letter or Email**) to the attending physician or KAD. Revocation of consent shall not affect the legality of the processing that has taken place on the basis of this consent up to that point. Upon revocation of the consent, no further data transfer will take place between the attending physician and KAD.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature of patient or the invoice recipient (legal representative) \*

\* In the case of underage children, only one parent signs the agreement, the parent expressly guarantees that the consent of the other parent with custody has also been obtained.