

Patient Registration

First name

Last name

Gender

Date of birth

Address

Zip code / city

Tel. / Mobile

Email

Insurance

Insurance no.

/ How did you hear about us?

☐

Friends or family

☐

Google / Internet

☐

Social Media

☐

Other

☐

Doctor's referral

/ Consent to billing policy

Whenever possible, treatments for illnesses are billed directly to the health insurance company.

By law, preventive examinations are generally considered self-pay services and must therefore be billed to the patient. Please inform us if you have taken out additional insurance in this regard.

Aesthetic treatments are payable on the day of treatment: You will receive an invoice after the treatment, which you can pay by EC, credit card or cash on the spot.

Consultations for medical concerns are billed through the health insurance company; for purely aesthetic concerns, fees are charged based on time spent.

Patients without Swiss health insurance will receive an invoice for all treatments following the treatment, which is also payable immediately.

/ Consent to the handling of personal data

I confirm with my signature that I agree to the processing of my data, the access to the data by the physician and the transfer of the data to third parties according to 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 unauthorized 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 is passed on by the doctor's office via secure communication channels (HIN).

I agree that administrative matters, such as rescheduling, may be handled by unencrypted e-mail communication.

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I would like to receive my KVG invoices (illness) myself (Tiers Garant).
They should not be sent directly to the health insurance company.

Information on the Handling of Personal Data

/ Responsibilities

The responsible party for the processing of your personal data and in particular your health data is Hautwerk.

If you have any questions about data protection or if you wish to exercise your rights within the scope of data protection please contact the practice staff or your physician 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 for the fulfillment of the purpose of treatment and the associated obligations.

On the one hand, data is collected by the attending physician in the course of your treatment. On the other hand, we also receive data from other physicians and health care 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 briefing conducted by the physician as part of the treatment, collected health data such as medical histories, diagnoses, therapy proposals and findings.

/ Information, inspection and release

You have the right to obtain information about your personal data at any time. You can view your medical history or request a copy. There may be a charge for providing a copy. You will be informed in advance of any costs, which depend on the time and effort required to make the copy.

/ Correction of your data

If you find or consider that your data is incorrect or incomplete, you have the possibility to request a rectification. If neither the correctness nor the incompleteness of your data can be ascertained, you have the option of affixing a denial notice.

/ Duration of retention

Your medical record will be kept for 20 years after your last treatment. After that, it will be further stored with your explicit consent or securely deleted or destroyed.

/ Data sharing

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

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

In individual cases, depending on your treatment and your corresponding consent, data is transferred to other authorized recipients (e.g. laboratories, other physicians).

/ Revocation of your consent

If you have given your express consent for data processing, you may withdraw your consent in whole or in part at any time.

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 other legal basis than the consent, the processing will be ceased.

The legality of the data processing carried out until the revocation remains unaffected by the revocation.

/ Right to data transmission

You have the right to have data that we process automatically or digitally handed over to you or a third party in a common, machine-readable format; this also applies in particular to the transfer of medical data to a doctor of your choice.

If you request the direct transfer of the data to another controller, this will only be carried out insofar as it is technically feasible.

Appointments that are not canceled at least 24 hours in advance may be charged to your account.

We ask you to inform us in time.

Place / date

Signature
