

Registration for Private Patients

..... Name of the invoice recipient	..... First name	..... Date of birth
..... Person treated	..... First name	..... Date of birth
..... Child's mother / legal guardian (p.p. if appropriate)	..... Child's father / legal guardian (p.p. if appropriate)	..... Telephone number
..... Postcode	..... Town / city	..... Street / house number
		..... Health insurance / financial allowance

Confidentiality release and data protection statement of consent

I hereby release my medical / dental / therapeutic practitioner(s), for this and future treatment(s), from their professional obligation of confidentiality, and I consent to the disclosure of all billing data (name, address, date of birth, diagnoses, treatment data) to Medas factoring GmbH, Messerschmittstr. 4, 80992 München, phone 089 143 100 ("Medas"). I am aware that diagnoses and treatment data are special personal data according to Art. 9 GDPR. Medas is the controller according to Art. 4 (7) GDPR.

I agree that any claims to remuneration for services provided by my practitioner(s) may be transferred to and billed by Medas. I agree that Medas may process for the purpose of billing my abovementioned personal data, including special personal data. Such processing will be carried out on the legal basis of my consent. All data will be treated confidentially and not disclosed to third parties.

Personal data will be erased after complete fulfilment of the contract and after expiry of all mandatory retention periods. This consent is voluntary and may be revoked at any time with effect for the future without giving reasons. To do so, you can contact Medas at the above address.

You have the right at any time to request, free of charge, information about your stored data, their rectification or erasure, as well as restriction of processing, by getting in touch with us using the above contact information. We will also be happy to provide you with your data in a machine-readable format.

If you have any questions about these rights, please do not hesitate to contact our data protection officer at: activeMind AG, Potsdamer Str. 3, 80802 München, email: datenschutz@medas.de. You also have a right to appeal to a data-protection supervisory authority regarding matters of data protection.

..... Date	..... Signature patient / payer
..... Signature child's mother / legal guardian (p.p. if appropriate)	..... Signature child's father / legal guardian (p.p. if appropriate)

