

## **Patient information on the handling of personal data**

In the following, we would like to inform you about the purpose for which the above-mentioned medical practice (hereinafter referred to as the medical practice) collects, stores or forwards your personal data. In addition, we inform you about your rights, which you can exercise within the framework of data protection.

**Responsibilities** The data controller for the processing of your personal data, and in particular your health data, is the medical practice. If you have any questions about data protection or if you would like to exercise your rights in the context of data protection, please contact the practice staff or your doctor directly.

**Collection and purpose of data processing** The processing (collection, storage, use and storage) of your data is carried out on the basis of the treatment contract and legal requirements for the fulfilment of the purpose of the treatment as well as the associated obligations. On the one hand, data is collected by the attending physician 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 to this. Your medical history will only be processed with data related to your medical treatment. 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 information interview 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 kept for 20 years after your last treatment. After that, it will be stored with your explicit consent or securely deleted or destroyed.

**Transfer of data** We will only transmit 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 disclosure of the data as part of your treatment.

- The data is transmitted to your health insurance company or to accident or disability insurance for the purpose of invoicing you for the services provided to you. The type of data transmitted is based on the legal requirements.
- The data is passed on to cantonal and national authorities (e.g. cantonal medical service, health departments, etc.) on the basis of statutory reporting obligations.
- Optional: The necessary patient and billing data is passed on to the debt collection agency for the purpose of debt collection (collection of due monetary claims).

In individual cases, depending on your treatment and your consent, data will be transmitted to other authorised recipients (e.g. laboratories, other doctors).

**Withdrawal of your consent** If you have given your explicit consent to data processing, you can revoke all or part of your consent at any time. The revocation or the request to change a 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 cease. The lawfulness of the data processing carried out until the revocation remains unaffected by the revocation.

**Information, inspection and return** You have the right to obtain information about your personal data at any time. You can view your medical history or request a copy. The release of the copy may be subject to a fee. Any costs that depend on the effort involved in creating the copy will be notified to you in advance.

**Right to data portability** You have the right to have data that we process automatically or digitally handed over to you or to a third party in a common, machine-readable format. This applies in particular to the disclosure of medical data to a healthcare professional of your choice. If you request the direct transfer of the data to another controller, this will only be done to the extent that it is technically feasible.

**Correction of your information** If you notice or believe that your data is incorrect or incomplete, you have the right to request correction. If neither the correctness nor the incompleteness of your data can be determined, you have the option of affixing a statement of dispute.

00000

Patient-ID

With my signature, I confirm that I agree to the processing of my data, the access to the data by the doctor and the disclosure of the data to third parties according to the patient information on the following page.

I am aware of the possible risks of exchanging particularly sensitive personal data (possible access by unauthorized third parties in the event of insecure communication channels) as well as my rights and give my consent to mutual contact between my doctor and me as a patient through the contact information provided above. Patient information is only passed on by the doctor's office via secure communication channels. I agree that administrative matters such as postponements of appointments with unencrypted e-mail communication (@hin address to recipient address such as @bluewin.ch, @gmail.com etc.) are carried out.

The Federal Act on Health Insurance (KVG) stipulates that patients receive a copy of their medical bill.

---

Adliswil,

Signature

---

**Appointments that are not cancelled at least 48 hours in advance may be charged at your expense. We kindly ask you to inform us in good time.**