

welcome to etzelclinic!

surname	name		
address	zipcode /place		
date of birth	email		
private ①	mobile		
profession			
employer		business ①	
allergies			
drugs			
allocation? If yes, doctor?		Yes <input type="checkbox"/> No <input type="checkbox"/>	family doctor

Treatment base:	left <input type="checkbox"/> right <input type="checkbox"/>	illness <input type="checkbox"/>	accident <input type="checkbox"/>
-----------------	--	----------------------------------	-----------------------------------

health insurance			
card number 807...		AHV-Nr.	
additional insurance			
card number 807...			
hospital insurance		private <input type="checkbox"/>	semi-private <input type="checkbox"/> general <input type="checkbox"/> general cantonal <input type="checkbox"/>
Is your additional insurance also valid for accident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

accident insurance	
place	
policy / damage number	date of accident:
hospital insurance	private <input type="checkbox"/> semi-private <input type="checkbox"/> general <input type="checkbox"/>
comments	

By signing, I confirm that I agree to the processing of my data, to access to the data by the doctor and to the transmission of the data to third parties in accordance with the information for patients on the following page.

I am aware of the possible risks associated with the exchange of sensitive personal data (possibility of consultation by unauthorised third parties in the event of unsecured communication channels) and of my rights, and I agree to mutual contact between my doctor and myself as a patient via the contact details given above. Patient information will only be transmitted by the practice via secure communication channels. I agree that administrative requests, such as rescheduling an appointment, may be made by unencrypted electronic communication (@hin address to recipient's address such as @bluewin.ch, @gmail.com etc.).

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

We reserve the right to charge you CHF 80.00- 150.00 for missed and unexcused consultations (the deadline for cancelling an appointment is 24 hours).

Information for patients on the processing of personal data

We would like to inform you below about the purposes for which the above-mentioned medical practice (hereinafter referred to as the medical practice) collects, stores or transmits your personal data. In addition, we inform you of the rights you may exercise in relation to data protection.

Responsibilities The medical practice is responsible for processing your personal data and in particular your health data. If you have any questions about data protection or if you wish to assert your data protection rights, please contact the practice staff or your doctor directly.

Collection and purpose of data processing The processing (collection, recording, use and storage) of your data is carried out on the basis of the processing contract and the legal requirements for fulfilling the purpose of the processing and the associated obligations. On the one hand, data is collected by the doctor treating you 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. Only data relating to your medical treatment is processed in your medical file. The medical file includes the personal information provided on the patient form, such as personal data, contact details and insurance details, as well as, among other things, the information interview carried out as part of the treatment, the health data collected such as medical history, diagnoses, treatment proposals and results.

Retention period Your medical records will be kept for 20 years after your last treatment. After this period, it will be kept with your explicit consent or will be securely deleted or destroyed.

Transmission 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 transmission of the data as part of your treatment. Data is passed on to your health insurance, accident insurance or invalidity insurance for the purpose of billing the services provided to you. The type of data transmitted is based on legal provisions.

The data is passed on to your health insurance, accident insurance or invalidity insurance for the purpose of billing the services provided to you.

The type of data transmitted complies with legal provisions.

- Data is passed on to cantonal and national authorities (e.g. cantonal medical services, health departments, etc.) on the basis of statutory reporting obligations.
- The necessary patient and invoice data is forwarded to the collection agency for collection purposes (collection of outstanding financial claims).
- In some cases, depending on your treatment and consent, data may be passed on to other authorised recipients (e.g. laboratories, other doctors). Revocation of your consent If you have given your explicit consent to data processing, you may revoke all or part of any consent already given at any time.

Revocation of your consent If you have given your explicit consent to data processing, you may revoke all or part of any consent already given at any time.

Any revocation or request to amend consent must be made in writing. Once we have received your written revocation and there is no other legal basis for the processing other than consent, the processing will cease. The lawfulness of the data processing carried out up to the revocation is not affected by the revocation.

Information, consultation and delivery You have the right to obtain information about your personal data at any time. You may consult your medical file or request a copy. There may be a charge for providing you with a copy. You will be informed in advance of any charges, which depend on the complexity of making the copy.

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

Rectification of your data If you discover or believe that your data is inaccurate or incomplete, you may request that it be rectified. If neither the accuracy nor the incompleteness of your data can be established, you have the opportunity to add a note of objection.

date

signature