



Label

**In case of changes:**

Name/First name: .....

Address: .....

Postcode / Place: .....

Health insurance: .....

Number: .....

E-mail: .....

Mobile: .....



With my signature I confirm,

- √ to have read and understood the patient information on the handling of personal data.
- √ I agree to the processing of my data, the access to the data by the staff of the KGP and the disclosure of the data to third parties in accordance with the patient information.
- √ that I am aware of the possible risks of data 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 for mutual contact between the KGP, me as a patient and/or my family doctor (GP), in accordance with the contact information provided (patient information will only be passed on by the KGP via secure communication channels).
- √ that administrative concerns such as rescheduling appointments or the like can be made with unencrypted e-mail communication (@hin-address to recipient address such as @bluewin.ch, @gmail.com etc.).
- √ that the invoice may be sent online to their health insurance/accident insurance company or to an institution commissioned with the collection (Tiers Garant) or, in the event of non-payment, to a collection agency.
- √ that my copy of the invoice, which is to be sent to all patients according to the Federal Law on Health Insurance (KVG), will be sent to me by e-mail and leave my e-mail address and mobile phone number for this purpose.
- √ that for further clarifications (e.g. hospital or other places of examination, etc.) the necessary documents can be made online via a secure communication channel.
- √ that the above personnel data is correct or corrected.

Place/Date: ..... Signature: .....



**Kardiologische Gemeinschaftspraxis AG**  
persönlich · erfahren · engagiert

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

Below we inform you about the purpose for which KGP 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 responsible for processing your personal data and in particular your health data is KGP. If you have any questions about data protection or if you wish to exercise your rights within the framework of data protection, please contact the practice staff or your doctor 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 fulfilment of the purpose of treatment and the associated obligations. On the one hand, data is collected by the doctor during your treatment. On the other hand, we also receive data from other doctors and health 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 informative interview carried out as part of the treatment, collected health data such as medical histories, diagnoses, therapy proposals and findings.

### **Length of storage**

Your medical history will be kept in accordance with legal requirements.

### **Passing on the data**

We only transfer 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 transfer of the data as part of your treatment.

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

In individual cases, depending on your treatment and your corresponding consent, data is transferred to other authorised recipients (e.g. laboratories, doctors' practices, hospitals or other examination locations).

### **Revocation of your consent**

If you have given your express consent for data processing, you can revoke consent already given in whole or in part at any time. The revocation or the 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 consent, the processing will be stopped. The legality of the data processing carried out until the revocation remains unaffected by the revocation.

### **Information, inspection and disclosure**

You have the right to obtain information about your personal data at any time. You can inspect your medical history or also 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.

### **Right to data transfer**

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 also applies to the transfer of medical data to a health professional of your choice. If you request the direct transfer of the data to another person responsible, this will only be done insofar as it is technically feasible.

### **Correction of your data**

If you discover or believe that your data is incorrect or incomplete, you have the option of requesting a correction. If neither the correctness nor the incompleteness of your data can be established, you have the option of attaching a notice of dispute.