

## Privacy policy

Last name, first name:		Date of birth:	
Street address:		Zip code, city:	
Health insurance (tariff):		Occupation:	
<input type="checkbox"/> Privately insured <input type="checkbox"/> Reimbursement <input type="checkbox"/> Statutory insurance		<input type="checkbox"/> Unemployed <input type="checkbox"/> Sick leave <input type="checkbox"/> Retired	
Phone:		E-mail:	

I understand that at the MVZ Medicum SHS – Kornblumenweg 1, 33758 Schloß Holte-Stukenbrock my data will be collected, processed, utilized and/or transmitted to:

- the health insurance company
- the referring physician
- the primary care physician (in the case of substitution)
- Labor Krone, Siemensstraße 40, 32105 Bad Salzuflen
- MVZ DIAMEDIS Diagnostische Medizin Sennestadt GmbH, Dunlopstraße 50, 33689 Sennestadt
- Arbeitsgemeinschaft Ostwestfälischer Ärzte GbR, Dunlopstraße 50, 33689 Bielefeld (Laboratory)
- Privatärztliche Teil-Gemeinschaftspraxis Bielefeld GbR, Deckertstraße 54, 33617 Bielefeld (Laboratory)
- HÄVG Hausärztliche Vertragsgemeinschaft AG (HÄVG), Edmund-Rumpler-Straße 2, 51149 Köln
- data processing companies of the practice: Zollsoft GmbH, Ernst-Haeckel-Platz 5/6, 07745 Jena (Software) and Prax-iq lösungsorientiert GbR, Waagestraße 5, 33729 Bielefeld (Infrastructure)
- Fürst-Wenzel-Apotheke, Paderborner Straße 442, 33415 Verl

Furthermore, my data will be forwarded, transmitted, processed and/or utilized for the following purposes:

- Maintenance of the electronic patient file
- Fulfillment of the treatment contract
- Patient contact (e.g., arranging appointments, cancelling appointments, patient reminders concerning screening examinations, immunizations, etc.)
- Billing of provided treatments with the health insurance company or the patient
- Preparing treatment reports

Due to legal regulations § 10 BO of ÄKWL, § 630f BGB, medical records must be kept for a period of 10 years following completion of treatment.

To ensure well-functioning medical/therapeutic care, I consent to my examination/treatment records being utilized by all physicians/therapists employed by the practice.

Date, city

Patient signature (legal guardian)

---

## Privacy policy – information and right of withdrawal

### **I have been informed and advised that:**

- the personal data of my person, within the scope of the aforementioned purposes, will be collected, processed, utilized and transmitted in compliance with the DSGVO and the BDSG.
- the collection, processing and use of my data is on a voluntary basis and that I can refuse my consent or revoke my consent at any time. However, as a result of revocation, treatment contracts may be entirely denied, remain unfulfilled and/or the health insurance company may refuse to cover cost of treatment.
- I am entitled to request information about the data stored about me at any time.
- I am entitled to request the correction, deletion or blocking of individual personal data at any time.

### **In the event of revocation, the revocation shall be addressed to:**

MVZ Medicum SHS - Hausärzte, Kornblumenweg 1, 33758 Schloß Holte-Stukenbrock  
Phone: (05207) 95 990 00 · E-mail: info@medicum-shs.de

In the event of revocation, my data will be deleted by the practice upon expiry of statutory periods. If such periods are no longer to be observed, the data will be deleted by the practice upon receipt of the declaration of intent. The practice will forward my revocation to the above-mentioned third parties, who will then in turn delete my data.

---

Date, city

---

Patient signature (legal guardian)