

Declaration of consent / patient form

This registration form contains 3 pages. By signing on page 3, you confirm that your information is correct and that you have read, understood and agree to the terms and conditions.

Last name:	First name:
Sex: <input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> other	Date of birth:
Street and house no.:	Postcode and town/city:
Landline number:	Mobile number:
Business number:	email:
Emergency contact: Name AND phone number:	
Occupation:	Employer (address and phone number):
<u>Legal representation</u> (please fill in, if given and not identical to the personal details of the patient):	
Institution:	
First name:	Last name:
Street and house no.:	Postcode and town/city:
Phone/mobile no.:	email:
Health insurance company (Basic insurance):	Insurance number:
Health insurance company (Supplementary insurance) (if not identical to basic insurance):	Insurance number:
<p>If your health insurance company allows direct billing (tiers payant), MediZentrum will charge your bill directly to your health insurance company and you will receive a copy of the bill. If you would prefer to receive the original invoice and the copy of the invoice yourself (tiers garant), you must state this explicitly below:</p> <p>Disagree: <input type="checkbox"/> I do not want the MediZentrum to directly bill my health insurance (whereby I would only receive a copy of the invoice).</p>	
Supplementary insurance:	Accident insurance:
Accident insurance: <input type="checkbox"/> private Insurance: <input type="checkbox"/> over employer	

Please hand in your health insurance card at the reception desk so your details can be uploaded to our system. First-time patients must identify themselves with an ID card. Thank you.

You would like to be treated by a general practitioner of the MediZentrum Messen in the future. We thank you for your confidence.

Home visits are limited to a radius of 10 km from 3254 Messen We would like to inform you that the doctors in MediZentrum Messen are happy to make house visits. However we must point out that house visits deemed medically necessary (e.g. in aged care homes, homes for the disabled etc.) will only be made within a limited radius of 10 km from Messen.

Missed appointments If you are unable to attend an appointment at MediZentrum Messen, we kindly ask you to cancel this appointment 24 hours in advance so that the appointment can be made available for someone else. The service providers reserve the right to bill for missed and cancelled appointments. These costs are not borne by the insurers but must be paid by you personally.

Reminders and penalty fees / debt collection agency and recovery procedure If it is not possible to directly bill your health insurance, and if you have already failed to pay your bills twice, a supplement of CHF 20 to cover costs will be asked on the third invoice reminder. After three unsuccessful reminders, we will transfer the case to Encath AG, Debt Collection Service for Doctors and Dentists, who will demand payment of the unpaid bill.

We have been awarded the quality label EQUAM (External Quality Promotion in Outpatient Medicine).

What exactly does that mean?

Patients are interested in the most successful treatment possible. The EQUAM label "Health Care Quality" is a registered and protected quality certificate, which is awarded only to those practices, networks of doctors' practices, as well as individual practices that have been successfully audited by a neutral and independent body on the basis of a certification audit. EQUAM-certified practices/centres ensure that the medical treatment given to patients is of the highest quality and constantly is at the highest level and is constantly being improved. With your signature, to allow an auditor of the EQUAM foundation, if necessary, to access your medical file to ensure quality control.

Locums for your GP, MediZentrum as a training centre for prospective doctors The MediZentrum provides training for aspiring doctors. This means that medical students and assistant doctors carry out their initial and continuing education at the MediZentrum. Hence you may be questioned and/or examined by a student or assistant prior to your GP's consultation. In case of emergencies, absences or an overload of your GP's schedule, you may make an appointment with another doctor at the MediZentrum. By signing this form, you agree to the above-mentioned doctors, assistant doctors and medical students accessing your medical history in order to treat you.

Patient information concerning the handling of personal data In the following points, we inform you why the above-mentioned medical practice (here after medical practice) collects, stores or transmits your personal data. In addition, we inform you of your rights, which you can exercise in the context of data protection.

Responsibilities The body responsible for processing your personal data, in particular your health data is the medical practice. If you have any questions about data protection or if you wish 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 takes place on the basis of the treatment contract and legal requirements for the fulfilment of the treatment purpose as well as the associated obligations. On the one hand, data is collected by the treating doctor and their specialist staff in the context of your treatment. On the other hand, we also receive data from other doctors and health professionals or transmit or give access to data to other doctors and health professionals with whom you have been or are receiving treatment if you have given your consent. Only data relevant to your medical treatment will be processed in your medical history.

The medical history includes personal information provided on the patient form e.g. personal and insurance details, as well as notes taken by the doctor during his/her consultations and treatment, collected health data e.g. diagnoses, medications, therapy suggestions and findings (e.g. reports, laboratory results, ECG, etc.).

Duration of data storage Your medical history will be kept for 20 years after your last treatment. After that, it will be securely deleted and/or destroyed, unless you give your express consent for it to be stored for longer.

Disclosure of 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 during the course of your treatment.

- Transfer to your health insurance or to the accident, military or disability insurance is made for the purpose of taking over and accounting for the services provided to you. The type of data transmitted is based on the legal requirements.
- Disclosure to cantonal and national authorities (e. g. cantonal medical service, health departments, etc.) is based on statutory reporting obligations.
- Optional: The necessary patient and billing data is passed on to the debt collection office for the purpose of debt collection (collection of overdue debt).
- In individual cases, depending on your treatment and your corresponding consent, data may be transmitted or directly inspected by other authorized personnel.

Revocation of your consent If you have given your explicit consent for data processing, you may revoke your consent in whole or in part at any time. The revocation or the request for modification of a consent must be made in writing. As soon as we have received your written revocation and judged that the processing can be based on no other legal basis than consent, Data transfer will be stopped. The legality of the data processing carried out up until the time of the revocation remains unaffected by the revocation.

Information, access and disclosure You have the right to obtain information about your personal data at any time. You can view your medical history or request a copy. Printing of a copy may be subject to a fee. You will be informed, in advance, of any costs involved in creating the copy.

Right to data transfer You have the right to request of data that we process automatically or digitally to your or a third-party in a commonly used, machine-readable format. This also applies, in particular, to any request by you for transfer of medical data to another health care professional. On your request, we will only transfer data to a third person if it is technically feasible.

Correction of your data If you find or believe that your data is incorrect or incomplete, you have the opportunity to request a correction. If neither the correctness nor the incompleteness of your data can be established, you have the option of filing a complaint.

I confirm with my signature that I agree to the processing of my data, the access to the data by the doctor, as well as the disclosure of the data to third parties according to the patient information on the above pages.

I am aware of the possible risks of data exchange of particularly sensitive personal data (i.e. possible access by unauthorized third parties via unsafe communication channels), as well as my rights, and I give my consent for mutual contact between my doctor and me as a patient using the contact information provided above. Patient information is transferred by the doctor's office exclusively via secure communication channels. I agree that administrative requests such as postponements of appointments may be made with unencrypted e-mail communication (@hin address to recipient address such as @bluewin.ch, @gmail.com etc.).

The Federal Health Insurance Act (KVG) stipulates that patients receive a copy of the doctor's bill.

Messen, _____

Signature: _____