Declaration of consent to data processing for the collection and transmission of patent data and fulfillment of the treatment contract

made by Mrs/Mr: _____, for patient:_____

Adress: _____

I hereby agree, and give permission in the context of data protection to the dental office

Zahnärztliche Berufsausübungsgemeinschaft (Joint Dental Practice) Dr. Markus Schmid / Dr. Johannes Ermer
Woerthstraße 9, 92637 Weiden

and their data protection officer in charge:

Carsten Schafflhuber
Weiherstraße 5, D-88682 Salem-Beuren
Email: service@systemhaus-datenschutz.de

Contacting me for communication purposes by Letter / E-Mail (also unencrypted) / Phone / Fax / Mobile or SMS. The contact takes place the assignment, cancellation, postponement or reminder of appointments and serves the fulfillment of the treatment contract. I agree with the transfer to other medical and accounting offices.

I have been informed

1.   that my personal data collected for the purposes specified above shall be collected, processed, used and transferred in compliance with the data protection regulations and legal provisions applicable todate.

2.   that I am free to agree to collection, processing and use of my personal data, and that I am free to refuse to it or to revoke my consent at any time in the future.

3.   that I have the right to request information on my personal data stored at any time.

4.   that I have the right to require individual personal data of mine to be corrected, deleted or blocked.

For revoking this declaration of consent, revocation is to be made to:

Zahnärztliche Berufsausübungsgemeinschaft
(Joint Dental Practice)
Dr. Markus Schmid / Dr. Johannes Ermer
Woerthstraße 9
92637 Weiden
Email: info@zahnarzt-weiden.com
Phone: 0961-47037110

Upon revocation of my consent, my personal data shall be deleted after lapse of the term specified by law, and in case that legal terms no longer have to be complied with shall be deleted upon receipt of my declaration of intent by the officer in charge.

The above dental practice hereby undertakes to hand on my revocation to the third parties indicated above, who will then delete my personal data.

Place: Weiden   Date: _____

Signature patient: _____

Legal guardian:_____