

Personal Information

Last name: _____

First name: _____

Address _____

Postal code/location: _____

Date of birth: _____

Gender: female male diverse

Nationality/ language: _____

Phone / Mobile: _____

E-Mail: _____

Occupation: _____

Employer: _____

Health insurance

Health insurance company: _____

Location: _____

Invoicing

We will send your invoice directly to your health insurance company. If you would like the invoice to be sent to you instead of your insurance company, please let us know. A copy of the invoice will be sent to you automatically by email. My doctor is permitted to forward the data required for invoicing to the invoicing institution, to any institution or lawyer responsible for debt collection, and to the relevant government authorities. Patients who are resident abroad or have foreign health insurance must pay in cash.

Quality management/data protection

We attach great importance to high-quality care. In order to continuously improve medical quality and patient safety, we periodically have medical records checked on a random basis by internal and external specialists. By consenting to the further use of your data, you are helping to promote the best possible care and patient safety.

If data is provided externally for study purposes, it is anonymized and cannot be traced back to you. We treat your data confidentially and protect it against unauthorized access.

For further information on data protection, please refer to the data protection declaration on the reverse side; the information is also available in the waiting room or can be obtained at reception.

Location / Date: _____

Legal representative

Last name, first name: _____

Address: _____

Phone / Mobile: _____

E-Mail: _____

Emergency contact

Last name, first name: _____

Phone / Mobile: _____

Spouse Life partner Parent

Daughter/ Son Other

« Living will » or « Advance care directive »

Do you have Living will
 Advance care directive

Health Maintenance Organisation: yes no

Insurance number: _____

Choice of law

Swiss substantive law, in particular the Swiss Code of Obligations, shall apply to the legal relationship between the parties and, in particular, to all claims in connection with examinations, treatments, and any other services.

Place of jurisdiction

The exclusive place of jurisdiction for all disputes arising in connection with this agreement is Zurich, Switzerland.

Authorization

My doctor is authorized to request medical records about me for review and to send medical results to the doctor providing follow-up treatment.

Cancellation of appointments

Please cancel appointments at least 24 hours in advance. Otherwise, you may be charged for the appointment.

Signature _____

I hereby declare that the information I have provided is correct, that I have read and agree to the information above and on the back of this form.

I had the opportunity to ask my doctor questions. All questions were answered to my complete satisfaction.

Patient information on the handling of personal data

Below we inform you about the purpose for which the Aerztezentrum Sihlcity AG collects, stores or forwards your personal data. We also inform you about your rights within the framework of 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 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 to fulfil the purpose of treatment and the associated obligations. On the one hand, data is collected by the treating doctor 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. Only data relating to your medical treatment will be processed in your medical history. 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 consultation carried out as part of the treatment, health data collected such as anamnesis, diagnoses, therapy suggestions and findings.

Duration of storage Your medical history will be stored for 20 years after your last treatment. After that, it will be kept with your express consent or securely deleted or destroyed.

Transfer 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 data as part of your treatment.

Data is transferred to your health insurance company or accident or disability insurance company for the purpose of invoicing the services provided to you. The type of data transmitted is based on the legal requirements.

- Data 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 debt collection agency for the purpose of debt collection (collection of outstanding debts).
- In individual cases, depending on your treatment and your corresponding consent, data may be transferred to other authorized recipients (e.g. laboratories, other doctors).

Withdrawal of your consent If you have given your express consent for data processing, you can withdraw your consent in whole or in part at any time. The revocation or 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 legal basis other than consent, the processing will be discontinued. The lawfulness of the data processing carried out up to the time of 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 view your medical history or request a copy. A cost price will be charged for the production of copies and, if applicable, for forwarding them on a USB stick.

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 commonly used, machine-readable format. This also applies in particular to the transfer of medical data to a healthcare professional of your choice. If you request the direct transfer of the data to another health care provider, this will only take place if it is technically feasible.

Communication via email I am aware of the potential risks involved in exchanging sensitive personal data (possible access by unauthorised third parties via unsecure communication channels). The AZS uses the secure HIN channel for emails, but patient email providers (e.g. @bluewin, @gmail, etc.) are often not secure. If I use email communication, I am aware that this communication is unsecured.

Correction of your data If you discover or are of the opinion 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 determined, you have the option of attaching a note of dispute.

Zürich, 1.1.2024