



Declaration of Consent for the Collection and Transmission of Patient Data acc. Article 13 GDPR

Name of the Patient :.....

- I agree that within the Framework of my medical Treatment my Treatment data (Findings, Evaluations, etc.) are transmitted to Co-Treating Physicians / Laboratories / Facilities (General Practitioner, Specialist, Clinics, Rehabilitation Facilities etc.) or Treatment data from other Doctors / Laboratories / Institutions may be obtained.

- I agree that my Laboratory Samples may be Communicated to a Practice Cooperating Laboratory and specialized Laboratories of Complementary disciplines for the purpose of examination and finding.

At any time, I have the right to extensive information on the personal data stored about me.

At any time, I can request the authorization, deletion and blocking of my personal data from my doctor and his cooperation partners (doctors, laboratories, etc.), unless other legal regulations preclude this.

I am aware that I can revoke this declaration of consent in whole or in part for the future at any time without giving reasons.

The following relatives / persons may, after identification of the identity, be given treatment data.

Name / address / telephone number:

1. _____
2. _____

Magdeburg,

Signature patient / legal representative

