



Dear Patient,

Last name: _____

Date of birth: _____

First Name: _____

Address: _____

Email: _____

Telephone: _____

Billing is based on the fee schedule for alternative practitioners (GebÜH), and payment is due directly after the treatment in cash or by card. (**Self-pay**)

Paid packages cannot be refunded.

Data protection

- Legal basis for data processing, in particular Articles 6 and 9 GDPR.
- Retention periods for personal data and their protective measures
- Rights of data subjects, including the right to access, the right to rectification and the right to deletion.
- Collection and processing of data for appointment bookings, including name, date of birth, address, telephone number, email, health insurance status and other medical information for Doctolib and heilpraxis software is accepted.
- Legal basis for data processing according to Art. 6 I b) GDPR (treatment mandate) and Art. 9 II h) GDPR (health care).
- No disclosure to third parties and obligation of Doctolib to medical confidentiality.

Yes, I would like to receive appointment reminders.

No, I don't want to receive appointment reminders.

I hereby confirm that I have read and accepted these contents:

Name: _____

Date: _____

Signature: _____