Patient Form
Declaration of Consent

NeuroRem Group AG
Zentrum für ambulante Medizin Winterthur
Zentrum für Neurologie und Neurochirurgie, Winterthur
Praxis für Neurochirurgie, Schlossberg Ärztezentrum Frauenfeld

Personal Data (Please fill in block letters)

First name	Last name
Gender ☐ m ☐ w ☐ d	Date of birth
Adress	Postcode and city
Marital status	Nationality
Phone number.	Mobile
E-Mail	
Occupation	Employer
Emergency contact address and phone number	
Family doctor	
Referring physician	
Health insurance	Insurance number
AHV	Veka Nr.
Type of insurance: Hospital	☐ general ☐ semi-private ☐ private
Accident insurance	
Date of accident	Claim number

Legal representation (Please fill in if applicable and not identical to the patient's personal details)

First name	Last name
Adress	Postcode and city
Phone/Mobile	E-Mail

This form is based on recommendations from FMH.

I confirm with my signature that I consent to the processing of my data, access to this data by the physician or therapist, and the transfer of this data to the following recipients.

- The transfer of data to other authorized recipients (e.g., laboratories, other physicians, therapists, hospitals and healthcare professionals and facilities, pharmacies (e-prescriptions), accounting service providers (including invoicing, reminders, bookkeeping, and billing service providers), selected software or practice information providers, and IT support
- The transfer of anonymized or pseudo-anonymized data to public registers, statistical authorities, trust centers, FMH, and medical associations.
- The transfer of data to third parties in accordance with the patient information on the following page

I am aware of the potential risks involved in the exchange of sensitive personal data (possible access by unauthorized third parties via unsecure communication channels) and of 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 will only be shared by the doctor's office via secure communication channels. I agree that administrative matters, such as appointment changes, may be communicated via unencrypted email (@hin address to recipient address such as @bluewin.ch, @gmail.com, etc.).

Invoice processing: The Federvl Health Insurance Act (KVG) mandates that patients receive a copy of their medical invoice. By signing this form, I accept that invoices may be issued on paper or electronically in Tiers Payant (invoicing directly to the health insurance company). For reasons of efficiency and security, the documents are sent to patients and insurers via a specialized partner company (MediData). Electronic transmission to patients is carried out using their email address and mobile phone number. If the patient uses eBill, transmission can also be carried out via eBill. The electronically transmitted patient data is not subject to any physical inspection by MediData. The security standards are similar to those used for e-banking, meaning that data cannot be viewed while in transit.

Late payment: After the payment deadline has expired, the service provider may engage third parties for debt collection at any time. The costs of late payment shall be borne by the patient/legal representative.

Please read the supplementary document "Patient information on the handling of personal data" on page 2.

Place, Date	Signature

Appointments that are not canceled at least 24 hours in advance may be charged to you. We kindly ask you to inform us in advance.

Patient information on the handling of personal data

Below we inform you about the purpose for which the above-mentioned medical institutionsv hereinafter referred to as medical practice/physiotherapy) collect, store, or transfer your personal data. In addition, we inform you about your rights under data protection law.

Responsibilities The medical practice/physiotherapy is the responsible entity for processing your personal data, in particular your health data. If you have questions about data protection or wish to exercise your data protection rights, please contact the practice staff or your doctor/health professional (e.g., physiotherapist) 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 for fulfilling the treatment purpose and associated obligations. Data collection is carried out, on the one hand, by your treating doctor or health professionals in the course of your treatment. On the other hand, we also receive data from other doctors and health professionals with whom you were or are in treatment, provided you have given your consent. Your medical record only contains data related to your medical treatment. The medical record includes personal details provided on the patient form, such as personal information, contact details, and insurance details, as well as documentation of consultations, collected health data such as medical histories, diagnoses, treatment proposals, and findings.

Duration of Storage Your medical record is kept for 20 years after your last treatment. After this period, it will be either retained with your explicit consent or securely deleted/destroyed.

Transfer of Data We only transmit your personal data, in particular your medical data, to external third parties if this is legally permitted or required, or if you have consented to the transfer of data in the context of your treatment.

- Transmission to your health insurance or accident/disability insurance is for the purpose of billing the services provided to you. The type of data transmitted is based on legal requirements.
- Disclosure to cantonal and national authorities (e.g., cantonal medical services, health departments) is made due to statutory reporting obligations.
- Disclosure of necessary patient and billing data to collection agencies is made for the purpose of collecting outstanding payments.

Revocation of Consent If you have given explicit consent for data processing, you may revoke it at any time in whole or in part. Revocation or modification of consent must be made in writing. Once we have received your written revocation and there is no other legal basis for processing, the processing will be stopped. The legality of the data processing carried out until the revocation remains unaffected.

Access, Inspection, and Copies You have the right to request information about your personal data at any time. You may inspect your medical record or request a copy. Providing a copy may incur costs, which depend on the effort required. You will be informed of any costs in advance.

Right to Data Portability You have the right to receive data that we process automatically/digitally in a commonly used, machine-readable format for yourself or a third party. This applies in particular to the transfer of medical data to a healthcare professional of your choice. If you request the direct transfer of data to another responsible party, this will only take place to the extent that it is technically feasible.

Correction of Your Data If you determine or believe that your data is incorrect or incomplete, you may request correction. If neither the correctness nor the incompleteness of your data can be determined, you may request a note of dispute to be added.