

# PRIVACY POLICY



Name, first name ..... Date of birth .....  
(Please use block letters)

## A. GENERAL

I agree to my data being stored electronically. I also agree to the medical report being sent by fax, letter or e-doctor's letter (encrypted, electronic dispatch) to a general practitioner, a doctor providing further treatment or to a hospital.

My consent also includes the forwarding of personal data to the pathological institute MVZ Pathologie Berlin, for histological assessment, or to Labor 28 Berlin, for the evaluation of laboratory chemical examinations (blood, urine and stool examinations) for the purpose of diagnostics and corresponding therapy.

I also agree that MVZ Gastroenterologie Friedrichshain may request treatment data and medical reports concerning my person from other doctors being attended for the purpose of documentation and further treatment.

I am aware this declaration can be revoked in whole or in parts at any time in the future.

Berlin, (date) ..... Signature .....

## B. NOTIFICATION TO THE KREBSREGISTER (CANCER REGISTRY) BERLIN-BRANDENBURG

I agree that MVZ Gastroenterologie Friedrichshain may pass on personal data to the Berlin-Brandenburg Cancer Registry in the event of a diagnosis of a tumour disease - in accordance with their legal obligation to report to the cancer registry.

Berlin, (date) ..... Signature .....

## C. DECLARATION OF CONSENT: APPOINTMENT REMINDER BY SMS OR E-MAIL

I hereby agree that MVZ Gastroenterologie Friedrichshain may remind me of upcoming appointments by:

my mobile phone number (SMS) .....

my e-mail address .....

This declaration of consent can be revoked verbally or by writing to MVZ Gastroenterologie Friedrichshain at any time in the future.

Berlin, (date) ..... Signature .....