

Registration for Private Patients

Bill recipient

..... First name	 Last name
..... Street, House number	 Postcode, Place
..... Date of birth	 Phone

Person treated

..... First name	 Last name
..... Date of birth	 Health insurance, Standard/Basic rate
..... Child's mother/Legal guardian (by proxy as needed)	 Child's father/Legal guardian (by proxy as needed)

Confidentiality waiver and GDPR consent

I hereby release my dental, medical and/or therapeutic practitioner from their professional confidentiality duty for this and any future treatment and consent to the disclosure of all data required for billing purposes (name, address, date of birth, diagnoses, treatment data) to Medas factoring GmbH, Messerschmittstr. 4, 80992 Munich, Phone: 089 143 100 (hereinafter “**Medas**”). I am aware that the diagnoses and treatment data are sensitive person-related data as per Art. 9 of the German Data Protection Regulation (DSGVO). Medas acts as contract processor as per Art. 28 DSGVO. The practitioner controls the data protection as per Art. 4 No. 7 DSGVO. All data are handled confidentially and shall not be forwarded to third parties. The deletion of person-related data will ensue upon full contract completion and following the expiry of applicable retention terms.

I consent to the transfer of the remuneration claims arising from my therapist's services to Medas for invoicing purposes through the latter.

This declaration is voluntary and can be revoked at any time with future effect without giving reasons.

..... Place, Date	 Signature of patient or liable payer
..... Signature of child's mother/Legal guardian (by proxy as needed)	
..... Signature of child's father/Legal guardian (by proxy as needed)	

