

## **Declarations of consent** related to confidentiality and data protection

Name: ..... Date of Birth: .....

### **I agree (delete as appropriate):**

- with the practice contacting you by phone, email, post to remind you of vaccination and examination appointments and notification of results.

e-mail: .....

- that my family doctor requests treatment data and results concerning me from other doctors and service providers for the purpose of documentation and further treatment.
- that my family doctor transmits treatment data and findings concerning me to other doctors and service providers treating me.
- that if I change my family doctor, my previous family doctor will send the documents stored about me to my new family doctor or my new family doctor will request these documents from my previous family doctor (only for Germany).
- that information about me will be passed on to the following relatives after their identity has been established (please enter below).
- that prescriptions for medicines/physiotherapy/speech therapy/ergotherapy, referrals, doctor's letters, results, certificates or other documents from the following relatives may be picked up for me in the practice after their identity has been established (please enter below).

Name: ..... First name: .....

Telephone: ..... Date of Birth: .....

Relation: .....

I am aware that I can revoke this declaration at any time in whole or in part for the future.

Ingolstadt, ..... Signature: .....