



ZahnÄrztePraxis

Dr. E. Adler & Kollegen

Registration and Contract of treatment

Dental Practise Dr. Elio Adler & Colleagues*

Berkaer Str. 41; 14199 Berlin; Tel: 030 / 8200 7899 0

PATIENT (please provide your local data)

Name:..... **First name:**..... **Date of birth:**.....

Street:.....

ZIP-code..... City:..... Private phone#:.....

Business phone#:..... e-mail:.....

Mobile phone:.....

Employer:..... Profession:.....

BILLING ADDRESS / LEGAL GUARDIAN

same as above other:

Institution:.....

Name:..... **First name:**..... parent:

Street:.....

ZIP-code..... City:.....

- I have an insurance that pays most of my dental bills.
- I am insured through the German "Krankenkasse" – please give us your card before seeing the dentist. You will get an estimate in advance if we carry out procedures that are not covered.
- I am not insured.

The above mentioned patient agrees to have medical examinations, procedures and treatments performed by Dr. Elio Adler or one of his colleagues. The fees are charged according to the official German list of charges (Gebührenordnung für Zahnärzte (GOZ) und Ärzte (GOÄ)). We can provide estimates for most of the treatments and hereby offer you estimates for the fees of the dental lab. Please tell us, if you want one.

If a dental laboratory is involved, the cost of their work will be added to the invoice without any surcharges.

In case of disagreement, please delete if necessary:

Personal liability

Irrespective of whether any insurance is reimbursing the invoice, the patient is personally liable for the costs of treatment and for the necessary material and laboratory costs. Parents join the claims against their children.

Some insurance companies do not reimburse the full invoice amount because they have different legal opinions or individual contract contents. Unfortunately, this sometimes gives the impression that the dental bill is not correct. If you have any questions about your invoice, please contact us directly. The assignment / pledging of all claims and demands, which result on the part of the patient from this treatment, are according to § 399, sentence 1, 2 Alt. BGB are excluded - legally regulated transfers of claims are excluded from this.

Material and laboratory costs, treatment and cost plans

Material costs shall be specified in the invoice; laboratory costs shall be substantiated by the invoice of the issuing laboratory. At the request of the patient, treatment and cost plans are drawn up for planned treatments. The obtaining of individual laboratory cost estimates is hereby deemed to be offered.

Data protection

The patient agrees to the storage of personal data (master data, findings, treatments, documentation, images, etc.) for the purpose of patient care and treatment documentation and billing by the practice. This consent can be revoked at any time in writing or by an e-mail to the practice (Art. 7 para. 3 DSGVO). This then leads to a termination of the treatment contract by the practice. On the basis of the EU-DSGVO, you may insist on the correction and deletion of your data, demand information about the data stored by us or restrict data processing and data transfer to us - limited e.g. by statutory periods or rights or warranty or liability claims. Your personal data will only be passed on to, for example, your health insurance, accident insurance or the medical service of the health insurance funds if we are legally obliged to do so, if the transfer is necessary within the framework of our treatment contract or if you have consented to the transfer.

The data stored by us will be deleted if they are no longer required for the purpose of collection, storage and use or no longer exist. If you suspect a violation of data protection law, please contact us. You can also lodge a complaint with the State Data Protection Officer in Berlin:

Berlin Commissioner for Data Protection and Freedom of Information, Friedrichstr. 219, 10969 Berlin.

The patient is aware that the revocation of consent, which is possible at any time, does not affect the lawfulness of the processing carried out until the revocation (Art. 7 para. 3 sentence 2 DSGVO). The patient agrees that his/her data will be processed in the same it-management system as that of the doctors working at the same location: dental doctores adler and InterSleep.

Communication

Furthermore, you agree that we may communicate with you and transmit you medical data to our cooperation partners and insurances you via unencrypted e-mail, post and SMS.

Cancellation

Patients may cancel appointments free of charge at the latest 24 hours before the agreed appointment. The cancellation fee (85 EUR/begun 30 minutes) is due thereafter but does not apply if the patient is not at fault.

Minors

In the case of minors for whom the legal guardian(s) sign, the legal guardian(s) shall be deemed to declare with their signature that they either have sole custody or are authorised by the other legal guardian(s) to conclude treatment contracts.

Declaration of release from confidentiality for online appointments

In order to be able to book my appointments online 24 hours a day in the practice via the Internet, I agree that my dental practice will forward the information to the manufacturer of the practice software with which this practice works, Dampsoft. The transferred data are surname, first name, date of birth, sex, mobile phone numbers, e-mail address, password, treatment date (date, time), treatment type, patient number and landline phone number. I am aware that I can revoke this declaration of release from confidentiality at any time with effect for the future.

To operate the web application, Dampsoft uses the services of subcontractors to host the servers and transmit SMS appointment reminders. This ensures that the respective subcontractors have taken suitable and appropriate technical and organizational measures to protect personal data.

Other

The delivery of a copy of this contract is hereby deemed to be offered.

Place of jurisdiction is Berlin. The law of the Federal Republic of Germany applies.

Berlin, date: Signature of patient parent/guardian Signature of dentist

Intern: ausgewiesen durch Versichertenkarte Dokument: No.:

*as employed dentists

Your health condition

Please answer the following questions. The **red questions** are mandatory. The **green questions** help us to know you better. The better we know you, the better we can take care of you.

name:.....	first name:.....	age:.....
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- my nutrition is** „normal" healthy special diet
- smoking** non-smoking 0 - 10 cigarettes a day > 10 cigarettes a day
- alcohol** I barely/never drink any alcohol I sometimes drink alcohol I frequently drink alcohol

- medication** I am taking the following medication:
-
-

- I don't take any medication Bisphosphonates

- diseases** I am seeing a general/specialised doctor because of:

Please inform us of any change of your health conditions right away!

- | | |
|--|--|
| <input type="checkbox"/> head/neck surgery | |
| <input type="checkbox"/> allergies against: | |
| <input type="checkbox"/> asthma or lung disease | <input type="checkbox"/> hepathopathy (liver) |
| <input type="checkbox"/> nephropathy (kidneys) | <input type="checkbox"/> metabolic difficulties (eg. Diabetes) |
| <input type="checkbox"/> thyroid gland disease | <input type="checkbox"/> skin disase |
| <input type="checkbox"/> eye disease | <input type="checkbox"/> neurological disease |
| <input type="checkbox"/> psychological problems / depressions | <input type="checkbox"/> bone disease |
| <input type="checkbox"/> blood disease | <input type="checkbox"/> vascular disease |
| <input type="checkbox"/> infectious diseases such as Hepatitis, AIDS | <input type="checkbox"/> heart problems |

- women only: I am pregnant I am breast-feeding menopause

Some more questions:

Date of last X-raymonth/years ago.

- I am in a homeopathic therapy yes no
- I am content with my teeth yes no unhappy very unhappy
- my gums are bleeding yes no sometimes
- my breath smells bad yes no sometimes
- I snore often never sometimes don't know
- loose teeth /I have lost teeth because of periodontitis yes no don't know
- I grind my teeth and have sore jaw-muscles yes no

- | | | | |
|--|--|--|--|
| I would like special consultation on: | <input type="checkbox"/> prophylaxis | <input type="checkbox"/> nutrition | |
| <input type="checkbox"/> different filling-materials | <input type="checkbox"/> jaw joint treatment | <input type="checkbox"/> implants | <input type="checkbox"/> children's care |
| <input type="checkbox"/> pregnancy & dental health | <input type="checkbox"/> beauty of my smile | <input type="checkbox"/> snoring/sleep apnea | |

This practice was recommended by:

Please remind me of my next regular check-up & cleaning appointments yes no

Date:.....	Signature:.....
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Dear patients

As far as possible, we keep our administration to a minimum to allow us more time for treatment and care. This is why we have assigned our partner **mediserv Bank GmbH** (hereinafter called **mediserv**), 66094 Saarbrücken with settlement of our invoices:

If you have any questions about invoices, please speak with customer support representatives at **mediserv**:

Tel: 06 81 / 4 00 07 89 Email: service@arztrechnung.de
Fax: 06 81 / 4 0 00 76 Internet: www.arztrechnung.de

mediserv staff undertake to respect confidentiality in accordance with Section 203 of the German Penal Code (Strafgesetzbuch). **mediserv** observes the greatest of care and maintains total confidentiality when processing patient data, in accordance with the provisions of the General Data Protection Regulation (GDPR or Datenschutz-Grundverordnung - DSGVO).

We require your written consent for this procedure. Would you therefore please give your consent by signing the declaration overleaf.

Thank you for the confidence you have shown us.
Your medical practice / clinic

Information on data protection in compliance with Art. 13 and 14 GDPR

mediserv Bank GmbH (hereinafter called **mediserv**) processes personal data in compliance with the provisions of the German GDPR and the German Data Protection Law (BDSG).

1. Name and contact details of the office responsible and the company data protection officer

Office responsible: **mediserv Bank GmbH**, 66094 Saarbrücken, Managers: Björn Clüsserath and Hendrik Hamm.

The company data protection officer at **mediserv** can be reached at the address above – at the data protection department (Abteilung Datenschutz) – or by email to datenschutz@mediserv.de. Unencrypted communications by email may be exposed to security vulnerabilities and end-to-end protection from access by third parties is not possible.

2. Why **mediserv** processes these data

mediserv processes personal data for the purpose of invoicing and assertion of claims for medical treatment.

3. Legal basis for data processing

mediserv processes personal data in accordance with the provisions of the German GDPR. Processing is carried out according to Art. 6 Sentence 1 a (Consent) and in addition Art. 6 Sentence 1 c (required for meeting a legal obligation) of the GDPR. Consent given to **mediserv**, including such consent as was given prior to the GDPR coming into force, can be withdrawn at any time. Withdrawing your consent does not affect the legality of personal data processed up until the time consent was withdrawn.

4. Origin of data

mediserv processes data as they were disclosed by the medical and health professionals authorised to transmit them; in addition, data may be obtained from credit reference agencies by **mediserv** for the purpose of checking creditworthiness.

5. Categories of personal data that are processed

Last name, first name, address, date of birth, treatment dates, findings, diagnoses, medical service codes and amounts and information obtained from credit reference agencies about any previous payment history in breach of contract (information about undisputed,

outstanding claims, for which several demands for payment had been sent or enforceable claims and settlement of such, information from public directories and official notices)

6. Categories of recipients of personal data

Credit reference agencies solely for the purpose of checking creditworthiness, government bodies and private bodies with government responsibilities and powers under public law, insofar as this is specified under mandatory statutory or administrative provisions or by government order.

7. How long are data retained

mediserv only saves personal data for a specific length of time. A decisive factor in establishing this length of time is the need to save data in order to serve the agreed purpose. In doing so, retention periods with respect to commercial and tax law and banking supervision regulations are included when assessing whether the purpose is served. Accordingly, certain data can be saved for up to ten years after the end of the business relationship.

8. Rights of individuals concerned

Any person concerned has the right to be informed acc. to Art. 15 of the GDPR, the right to rectification acc. to Art. 16 of the GDPR, the right to erasure acc. to Art. 17 of the GDPR and the right to restrict processing of data acc. to Art. 18 of the GDPR. Furthermore, it is possible to contact the regulatory authority, the Independent Data Protection Centre for the Saarland (Unabhängiges Datenschutzzentrum Saarland), which is responsible for **mediserv**. Acc. to Art. 21 Sentence 1 of the GDPR, it is possible to object to data processing by **mediserv** for reasons, which relate to the affected individual's particular situation. It is possible to withdraw consent to **mediserv** at any time. If, in accordance with Art. 15 of the GDPR, you want to assert your right to access, without charge, information about what data have been saved about your person, the origin and recipients of this data or categories of recipients, in addition to the purpose for saving the data, please provide us with your last name, first name(s), date of birth and current address, so that we can verify your identity conclusively. We will then provide you with the information in writing.

Last and first name of patient:

DOB:

Phone no.:

Address

Insurance status

Declaration and consent

I hereby give my consent to

- assignment to mediserv Bank GmbH (hereinafter called mediserv) of claims incurred through treatment by my practitioner;
- disclosure by my practitioner of information required for the purpose of billing and assertion of claims, in particular details from the patient record (name, date of birth, address, treatment dates, medical service codes, amounts, diagnoses) to mediserv and their data processing department and I release my practitioner from their duty of confidentiality in this respect;
- eventual transmission of personal data (name, date of birth, address) by mediserv to credit reference agencies (infoscore Consumer Data GmbH, Rheinstr. 99, 76532 Baden-Baden and WID Wirtschafts-Informations-Dienst GmbH, Schwägrichenstr. 3, 04107 Leipzig among others) for the purpose of obtaining information to assess my creditworthiness and I release mediserv staff from their duty of confidentiality in this respect;

I have been informed that mediserv will invoice me for services by my practitioner and collect payment in its own name and for its own account.

If there is any dispute regarding the legitimacy of the claim, the practitioner can be consulted as a witness in any dispute. I hereby release my practitioner and mediserv staff from their duty of confidentiality towards the parties involved in any collections procedure or legal proceedings.

I have been informed that my treatment does not depend on whether I consent to the above-mentioned procedure. My consent has been given voluntarily and will also apply to any future treatment; I can withdraw this at any time with immediate effect for the future. This does not affect the legality of data processing, which is carried out on the basis of my consent until withdrawn.

If the declaration is being submitted by a person with custody for a minor, I confirm that the other person assigned custody also agrees to the above-mentioned provisions.

I have been given a copy of this declaration of consent.

Place, date

Signature of patient or legal guardian

Legal guardian:

Last name, first name

Date of birth

Address (if different)

Medical practice stamp