



## Declaration of consent from the patient for the transmission of treatment data and findings - Section 73 (1) b SGB V

Urological Practice Dr. Daniel Grell, Landsberger Allee 44, 10249 Berlin

Name, first name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Health insurance: \_\_\_\_\_

### Please check:

- I agree that my treating urologist collects treatment data and findings from me, which are available to a specialist, psychotherapist or other service provider with whom I am being treated, for example. The persons concerned are obliged allowed to use this information for documentation and further treatment.
- I consent to my treating urologist transferring patient data to my referring general practitioner / specialist after consultation.
- I consent to my treating urologist exchanging patient and treatment data with external providers (e.g. laboratory, health insurance company, state health authorities,...).
- I agree that relatives can receive reports / prescriptions / transfers on my behalf.

### Declaration of consent from the patient as a reminder of:

- Existing appointments (including confirmation, reminder, delay, postponement, rejection, follow-ups).
- early detection examinations by the legal health insurance companies are offered.
- Vaccinations that are offered by the statutory health insurance companies will in the following way:
  - Letter
  - E-mail
  - Phone
  - SMS

### Cancellation fee

If you fail to show up despite the agreed appointment, the practice will charge me a cancellation fee of 25 €. Agreed appointments can be canceled up to 24 hours in advance (by phone – if necessary, leave a message on the answering machine or by e-mail).

I am aware that I can revoke this declaration of consent in whole or in part at my time.

Berlin, \_\_\_\_\_

Signature: \_\_\_\_\_