

REGISTRATION FORM

Personal data (Please fill in in block letters)

→ Please present your health insurance card

First name:	Last name:	<input type="radio"/> Female <input type="radio"/> Male
Street/No.:	ZIP Code/City:	
Date of birth:	Profession:	
Mobile phone:	Business phone:	
E-mail:	Private phone:	
Family doctor:		
How have you become aware of Decamed?	<input type="radio"/> Friends	<input type="radio"/> Internet <input type="radio"/> Doctor <input type="radio"/> other:

Do you have legal representation: No Yes If yes, please indicate:

Name / Institution: _____

Address: _____

Health insurance:

Basic insurance (Name): _____ general semi-private private

Supplementary insurance: _____ general semi-private private

I have **no Swiss health insurance** and will settle the payment directly after the consultation.

I confirm with my signature that I agree to the processing of my data, access to the data by the doctor and the transfer of the data to third parties (in particular billing and collection) in accordance with the patient information on the following page.

I am aware of possible risks associated with the exchange of particularly sensitive personal data (possible access by unauthorised third parties in the case of insecure communication channels) as well as my rights and give my consent to the mutual contact between my doctor and myself as a patient through the contact information provided above. Patient information will be passed on by the medical practice in exchange with other doctors or clinics exclusively via secure communication channels. I agree that correspondence with me (administrative concerns, questions, prescriptions) may be sent by unencrypted e-mail.

Date: _____ Signature: _____

Appointments will be charged if they are not canceled at least 24 hours in advance. (phone call or e-mail).

Normal consultation: 90 CHF. Surgery depending on the reserved time 100-500 CHF.

Patient information on the handling of personal data

In the following we inform you about the purpose for which the above-mentioned medical practice (hereinafter referred to as medical practice) collects, stores or forwards your personal data. In addition, we inform you about your rights, which you can exercise within the framework of data protection.

Responsibilities The medical practice is responsible for processing your personal data and in particular your health data. If you have any questions about data protection or if you wish to exercise your rights within the framework of data protection, please contact the practice staff or your doctor directly.

Collection and purpose of data processing The processing (collection, storage, use and retention) of your data is carried out on the basis of the treatment contract and legal requirements for the fulfilment of the purpose of treatment and the associated obligations. On the one hand, data is collected by the doctor treating you during your treatment. On the other hand, we also receive data from other doctors and health professionals with whom you have been or are being treated, if you have given your consent for this. In your medical history, only data related to your medical treatment will be processed. The medical history includes the personal information provided on the patient form, such as personal details, contact details and insurance details, as well as, among other things, the informative interview carried out as part of the treatment, health data collected, such as medical histories, diagnoses, therapy proposals and findings.

Duration of retention Your medical record will be retained for 20 years after your last treatment. After that, with your express consent, it will be retained or securely deleted or destroyed.

Transfer of data We only transfer your personal data and in particular your medical data to external third parties if this is permitted or required by law or if you have consented to the transfer of data as part of your treatment.

- Data is transferred to your health insurance company or to the accident or disability insurance company for the purpose of billing for the services provided to you. The type of data transmitted is based on the legal requirements.
- Data is forwarded to cantonal and national authorities (e.g. cantonal medical service, health departments, etc.) on the basis of statutory reporting obligations.
- The necessary patient and invoice data is passed on to Inkasso Med AG for the purpose of credit assessment and debt collection (collection of outstanding debts).

In individual cases, depending on your treatment and your corresponding consent, data may be transferred to other authorized recipients (e.g. laboratories, other doctors).

Revocation of your consent If you have given your express consent for data processing, you can revoke an already given consent in whole or in part at any time. The revocation or the wish to change consent must be made in writing. As soon as we have received your written revocation and the processing cannot be based on any other legal basis than consent, the processing will be stopped. The legality of the data processing carried out until the revocation remains unaffected by the revocation.

Information, inspection and disclosure You have the right to obtain information about your personal data at any time. You may inspect your medical history or request a copy. A charge may be made for the provision of a copy. You will be informed in advance of any costs, which depend on the time and effort required to make the copy.

Right to data transfer You have the right to have data that we process automatically or digitally handed over to you or to a third party in a common, machine-readable format. This applies to the transfer of medical data to a health professional of your choice. If you request that the data be transferred directly to another person responsible, this will only be done insofar as it is technically feasible.

Correction of your data If you discover or believe that your data is incorrect or incomplete, you have the option of requesting a correction. If neither the correctness nor the incompleteness of your data can be established, you have the option of affixing a notice of dispute.

The latest privacy policy can be viewed online at www.decamed.ch.

Billing Decamed sends invoices for health insurance services electronically via MediPort. The Federal Health Insurance Act (KVG) stipulates that patients receive a copy of the doctor's bill.

If you are insured with a health insurance company that does not accept electronic billing, you can pay the bill directly after receiving services at our practice using Postcard, EC/Maestro, credit card (Visa/Mastercard) Twint or cash.

Costs in case of late payment: processing fee (from day 70 after invoice date at the earliest, when handed over to Inkasso Med AG) depending on the amount of the claim, maximum amount in CHF: 50 (up to 20): 70 (up to 50): 100 (up to 100): 120 (up to 150): 149 (up to 250): 195 (up to 500): 308 (up to 1'500): 448 (up to 3'000): 1'100 (up to 10'000): 1'510 (up to 20'000): 2'658 (up to 50'000): 6% of the claim (from 50'000).