

## CONSENT TO THE PROCESSING OF YOUR PERSONAL DATA

The Federal Act on Data Protection stipulates that the processing of health data generally requires the express consent of the patient. In order to satisfy this legal requirement, you are required to confirm your consent with your signature.

**I expressly confirm that I agree to the processing of my data, to this data being accessed by the specialists providing treating, and to the transfer of this data to the following recipients.**

Category of data	Description of data	Recipient	Purpose
Patient details	Medical history	Other external/internal specialists, as well as service companies in accounting	Documentation, invoicing
Master and treatment data	Data for assignment, treatment and invoice	Service company for invoicing, insurance	Invoicing processing
Invoicing and billing and invoice data	Invoicing of the treatment and med. services, reminders and further processing of invoices	Service company for invoicing and collection agency, as well as selected software or practice information provider and IT support	Billing in line with the legal and contractual requirements as well as IT development, and for credit checks
Finance and accounting	Data for invoicing and management of ordinary accounting	Accounting and billing services company	Creation of invoices and accounting

I am aware of possible risks of the exchange of particularly sensitive personal data (possible access by unauthorised third parties in the event of insecure communication channels) as well as my rights and give my consent to mutual contact between anaPRaX AG and me as a patient via the contact details provided. This also applies to exchange of data within anaPRaX AG.

With my signature, I agree that my personal data may be processed and transmitted in accordance with data protection regulations. In addition, I acknowledge that my consent can be revoked in whole or in part at any time, without this affecting the legality of the processing carried out on the basis of the consent until the processed revocation. The revocation must be issued in writing. In addition, any request on my part for erasure does not lead to erasure, as the responsible healthcare professional or anaPRaX AG is legally obliged to keep my data. Therefore, an erasure order only leads to the erasure of my data by the healthcare professional providing treatment or anaPRaX AG in justified exceptional cases in the event of a confirmed cancellation. At the same time, in this case, I hereby release the healthcare professional providing my treatment from the statutory retention obligation.

Date

Signature of the patient or legal representative

→ Please complete and sign this consent and send it to anaPRaX by post or email in good time.