

## Declaration of consent under data protection law for the processing of personal patient data according to art. 6, 7 para. 1 according to DSGVO

dental practice  
Dr. Mathias Reisch  
Prenzlauer Allee 180  
10405 Berlin

name:	
address:	
date of birth:	

I hereby consent to the storage/processing of my personal data by the practice for the following purposes:

- calls (e.g. for appointment arrangements)
- E-Mail
- Release from the obligation of secrecy for the transmission of X-rays in the case of referrals / if required request of x-rays
  - Photography (after prior verbal consent)
  - for order processing in the dental laboratory
  - calling by name in the practice rooms (e.g: Calls for treatment, in the case of possible questions at the reception etc..)
- Recall ( annual reminder service )
- Consultations with your health insurance company, e.g.: for questions about treatment and cost plans, etc.
- Appointments can be made by the partner, relatives, etc.
- Storage of data after importing your insurance card

The data protection declaration is displayed as a notice in the waiting room for each patient to inspect. Furthermore, our data protection declaration can be viewed at any time on the Internet at <https://www.za-praxis-dr-reisch.de/datenschutz/>.

I have been informed that I may revoke this consent at any time in writing or by e-mail to the practice (Art. 7 para. 3 DSGVO).

I am aware that my possible revocation of consent at any time does not affect the legality of the processing carried out on the basis of the consent up to the revocation (Art. 7 para. 3 sentence 2 DSGVO).

At your request, we will make you a copy of the signed form for your records.

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

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