

Private health insurance (voluntary information)

Patient's surname, first name and address

Date of birth



Seal of medical
practice/responsible
person

Declaration of Agreement

1. I agree to the passing on of information and especially of information taken from the patients' files (name, date of birth, address, diagnosis, examination and treatment data) for the purpose of accounting and invoicing to the PVS HAG GmbH (short: PVS HAG) and Privatärztliche Verrechnungsstelle Baden-Württemberg eG (short: PVS BW) as well as to the assignment of claims for purpose of accounting and invoicing to PVS Finanzservice GmbH (short: PVS F) for purpose of advance financing and collection all at Bruno-Jacoby-Weg 11, 70597 Stuttgart.
2. I agree that PVS HAG will claim and invoice for the services of my physician through PVS BW and collect for PVS F. Should there exist differing opinions about validity of claims I also agree to passing on of additionally required data taken from the patients' files for the purpose of justification of claims. In the event of possible legal dispute PVS BW is litigant and my chosen consultant physician may be summoned as witnesses. Insofar I also discharge the chosen consultant physician from their medical confidentiality.
3. This declaration also applies for claims resulting of future treatment(s). The declaration of agreement towards the physicians or the PVS HAG, PVS BW as well as PVS F may be revoked at any time in written form with effect for the future. The legal validity of previously performed processing based upon the declaration of consent is not affected by revocation of consent. In the event of revocation no further transfer of data between my physician, PVS HAG, PVS BW and PVS F will take place.

Please refer to the information on the back.

Name, given name

address

Place, Date

Signature of patient / authorized representative / legal custodian*
(*If only one parent signs for a minor this parent expressly assures consent of the other parent / legal custodian.)

Important information about your private liquidation

(Art. 12 ff DSGVO i. V. m. §§ 32 ff BDSG)

Dear patient,

please take a moment of time on your own behalf.

In the course of your treatment data about you is generated/gathered which we must sufficiently process to be able to fulfill your treatment contract. Under observance of the respectively applicable data protection regulations these can or must be passed on to third parties (e.g. laboratories, referring doctors) as necessary. We will only pass your personal data to third parties if it is legally permitted or you have given your consent.

For invoicing of services rendered to you we intend to commission **PVS HAG GmbH** (short: PVS HAG) a 100% subsidiary of Privatärztliche Verrechnungsstelle Baden-Württemberg eG (short: PVS BW) both **Bruno-Jacoby-Weg 11, 70597 Stuttgart**. Advance financing of the claim shall be fulfilled for duration of claim by PVS Finanzservice GmbH (short: PVS F) at Bruno- Jacoby-Weg 11, 70597 Stuttgart, a 100% subsidiary of PVS BW. Purpose of this cooperation is to reduce our administration in accounting matters. This gains us more time which we can use for optimum care of our patients. The invoicing and liquidation is conducted according to our specifications.

Recipients of data are PVS HAG, PVS BW and PVS F. As professional bearers of secrets these are – just as we are ourselves – subject to the legal requirements of medical confidentiality and data protection. For all questions concerning the invoice you may reach PVS BW as your competent contact partner at the address stated above, by **telephone: 0711 / 71 91 58-0 or E-Mail: info@pvs-hag.de**.

We kindly ask you to read the declaration of agreement on the back and to grant us your consent with the procedure as outlined for settlement of fee and especially of the passing on of your medical data required for this. Your consent is **voluntary**. Your treatment does not depend upon this declaration of agreement.

The medical data processed by PVS HAG, PVS BW and PVS F are locked after purpose has been served and deleted after expiration of the legal retention periods. You are legally entitled to receive information about the your personal data. You are entitled to demand amendment of incorrect data. Additionally – under certain conditions – you are rightfully entitled to deletion of data, limitation of processing as well as the right of data portability. Please direct all inquiries concerning data protection directly to the data protection officer of PVS BW (**datenschutz@pvs-bw.de**).

Additional information concerning data protection at PVS can be retrieved via »Information in accordance with Art. 13 DSGVO«, which is also available at www.hag-service.de.

You are additionally entitled to file a complaint at the responsible supervisory authority for data protection should you consider the processing of your personal data has taken place illegally. Contact information of the responsible supervisory authority:

Der Landesbeauftragte für den Datenschutz und die Informationsfreiheit
Königstrasse 10 a
70173 Stuttgart

E-Mail: poststelle@lfdi.bwl.de

Thank you for your confidence!