

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 Privatärztliche Verrechnungsstelle Baden-Württemberg eG (short: PVS BW) as well as to the assignment of claims for purpose of accounting and invoicing to PVS HAG GmbH (short: PVS HAG) both at Bruno-Jacoby-Weg 11, 70597 Stuttgart.
2. I agree that PVS HAG will invoice services of my chosen private consultant physician in own name and will collect these to own account through PVS BW. 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 HAG is litigant and my physician may be summoned as witnesses. Insofar I also discharge my physician of medical confidentiality.
3. This declaration also applies for claims resulting of future treatment(s). The declaration of agreement towards my physician, PVS HAG as well as PVS BW 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 and PVS BW 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**. 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 the data are PVS HAG and PVS BW. 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 or **Tel.: 0711 / 71 91 58-0 or E-Mail: kontakt@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 and PVS BW 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](http://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@ldi.bwl.de](mailto:poststelle@ldi.bwl.de)

**Thank you for your confidence!**