

Surname, first name and address of the patient*

Born on

ACHTUNG!
FORMULAR DIENT NUR
ZUR ÜBERSETZUNG!

Surname, first name

Date of birth

Street

Postcode, city/town

Relationship to patient:

☐ Father ☐ Mother ☐ Carer
☐ other

Mandatory field - complete by hand or electronically

DECLARATION OF CONSENT FOR FACTORING

1. I agree to the forwarding of the information taken from the patient file in particular as required to bill the services rendered (name, date of birth, address, diagnosis, examination and treatment data) and to the assignment of claims for collection purposes to PVS dental GmbH (for short: PVS dental).

2. I consent to PVS dental issuing invoices in its own name for my doctor's/dentist's services and collecting the fees for its own account. Where there are differences of opinion regarding entitlement to a claim, I agree to the forwarding of the additional data from the patient file required to justify the invoice. In the event of a legal dispute, PVS dental would be party to the suit and my doctor/dentist may be heard as a witness. In this respect I hereby release the doctor/dentist from his or her medical duty of confidentiality.

3. I authorise my doctor/dentist before treatment starts to obtain information on my creditworthiness from a credit agency or a credit protection organisation (Experian GmbH) or, for invoice amounts over €5,000, from a credit investigation company. Data will be communicated to the credit agency or credit protection organisation through PVS dental, Limburg. PVS dental will not forward any patient data to a bank.

4. This declaration also applies to claims resulting from future treatment. It can be revoked at any time with future effect by writing to my doctor/dentist or PVS dental. The revocation of consent shall not affect the lawfulness of processing based on this consent before its revocation. In the event of revocation, data will not be transmitted between the practice and PVS dental.

☐ (PLEASE CHECK THE BOX)

I consent to receiving my invoices from PVS dental electronically. Delivery will take place in compliance with data protection regulations via the PVS patient portal, secured with two-factor authentication (SMS service). I confirm that the following mobile number is correct: _____

* For reasons of simplicity all references to the male gender shall be deemed to include the female as well.

** If only one parent signs this form on behalf of minor children, this parent expressly confirms that the other parent or custodian has also given his or her consent.

IMPORTANT INFORMATION ON YOUR PRIVATE BILLING

(Article 12 et seq. of the General Data Protection Regulation [GDPR] in conjunction with section 32 et seq. of the new German Federal Data Protection Act [BDSG-neu])

Dear Patient,

Please take some time to read the following information. In the course of your treatment, data is generated about you that has to be processed to the extent necessary to perform the treatment contract. This data may be passed on to third parties (e.g. laboratories, other doctors providing further treatment) as required in compliance with the relevant provisions under data protection law. We only transmit your personal data to third parties where this is permitted by law or you have consented to it.

We intend to engage PVS dental GmbH (for short: PVS dental) to bill the services we perform for you. PVS dental is a subsidiary of several professional private medical clearing houses with many years of experience in dental billing. The purpose of this collaboration is to reduce our administrative burden in relation to billing and support you in any reimbursement issues. This will give us more time to care for our patients. Your fees will be billed in accordance with our specifications.

The data recipient is PVS dental. As it is bound by professional secrecy, PVS dental is, just like us, subject to the provisions governing the statutory duty for confidentiality and data protection. PVS dental is your competent contact in all billing issues and can be reached at the address provided or on the telephone number: +49 6431 28580-0 or email address: info@pvs-dental.de

Therefore, please read the declaration of consent overleaf and consent to the process described for billing fees, and especially for the forwarding for your health data required for this purpose. Your consent is given voluntarily. Your treatment is independent of this declaration of consent.

The health data processed by PVS dental is blocked once it is no longer required and deleted following the expiry of statutory retention periods.

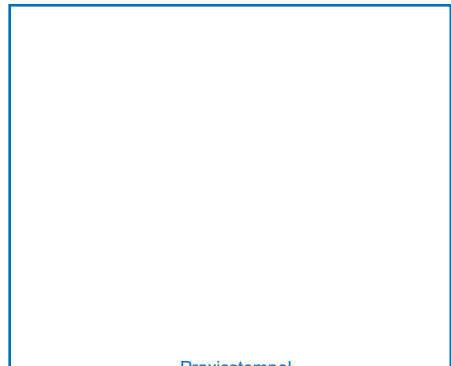
You have the right to receive information on the personal data regarding you. You can also request that inaccurate data be corrected.

Moreover, under certain circumstances you have a right to erasure of data, a right to restriction of processing and a right to data portability. Please address any concerns you may have regarding data protection directly to PVS dental's data protection officer (datenschutz@pvs-dental.de). Further information on data protection at PVS dental can be accessed online at any time in PVS' transparency statement at www.pvs-dental.de/datenschutz

You are also entitled to lodge a complaint with the competent supervisory authority for data protection if you believe that your personal data has not been processed lawfully. The competent supervisory authority can be contacted as follows:

The Hesse data protection officer
Postfach 3163, 65021 Wiesbaden
Email: poststelle@datenschutz.hessen.de

Thank you for your support!
Your practice team



Praxisstempel

PVS dental GmbH

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