Orthopädie- & Wirbelsäulenzentrum
Inhaber & Ärztliche Leitung Dr. med. Ruben Jentzsch

OWZ Leipzig Inhaber & Ärztliche Leitung Dr. med. Ruben Jentzsch / Lutherstraße 10 / 04315 Leipzig

Declaration of consent for data processing

from Mr. / Mrs. (in block letters) .....

Date of birth .....

Adress .....

E-Mail ..... Phone number .....

Dear Patient,
We value the protection of your personal data. In accordance with the General Data Protection Regulation (GDPR), we inform you about the purpose for which we collect, store, and share your data. The processing of your health data is necessary in order to treat you and fulfill the treatment contract.

1) Purpose of data processing
I agree that the OWZ Leipzig practice may collect, process, and use my personal data and health data for the following purposes:

- Maintenance of contact details
- Fulfillment of the treatment contract
- Billing of services provided with health insurance providers, billing agencies, or directly with me
- Therapeutic documentation
- Preparation of treatment reports and medical letters.
- The collection of health data is a prerequisite for treatment; without the information required for this purpose, careful treatment cannot be provided.

2) Recipients of my data
For the purposes stated above, my data may be transmitted to the following recipients, insofar as this is necessary and legally permitted:

- Health insurance providers
- Billing companies or private medical clearing offices
- Other treating physicians or psychotherapists
- Other authorized entities involved in the treatment or billing process

There, the data will be processed exclusively for the necessary purposes, in particular for billing, documentation, and the clarification of medical or insurance-related questions.

3) Debt collection and legal enforcement
I further agree that, in the event of debt collection proceedings or other legal steps to enforce payment claims, my data may be disclosed to debt collection agencies, law firms, or judicial institutions, provided this is necessary for the execution of the treatment contract and the billing of services rendered.

4) Data storage and technical note
The data collected within the scope of this agreement and electronic signatures are processed within the practice software used, exclusively within the practice, and stored in accordance with applicable data protection requirements. Processing is encrypted and accessible only to authorized persons. The electronic signature is legally valid insofar as it is captured through the intended digital procedure.

5) Voluntary nature and consequences of refusal
I have been informed that the collection, processing, and use of my data is voluntary. If I refuse my consent, the treatment contract may not be fulfilled, or may not be fully fulfilled, and billing with the health insurance provider may not be possible.

Bitte Rückseite beachten!

6) Cancellation Fee for Missed Appointments
If the patient misses a treatment appointment that has been firmly scheduled, the patient shall owe the physician a cancellation fee in the amount corresponding to the time slot reserved for the appointment. This shall not apply in the case of timely cancellation (at least 24 hours before the agreed appointment, in writing or by phone) or if the patient's failure to attend is not attributable to fault. This is without prejudice to proof that no damage or only substantially lower damage was incurred, as well as the physician's right to prove higher damage.

7) My rights
I am entitled at any time to:

- Request information about the data stored about me
- Request correction of inaccurate data
- Request deletion or blocking of individual personal data
- Withdraw my consent with effect for the future.

8) Consent to the electronic transmission of medical reports and findings
By signing this, I confirm that I am aware that findings, X-ray images, or medical reports may be sent by email in encrypted form via Cryptshare. For this service, we charge a handling fee of EUR 10.00.

9) Consent to Invoice Delivery by Email
I consent to invoices and billing-related documents from the OWZ Leipzig practice being sent to the email address I have provided via Simpleprax; I am aware that Simpleprax is GDPR-compliant and that data transmission is end-to-end encrypted.

10) Withdrawal
Withdrawal should be addressed to:

OWZ Leipzig
Owner & Medical Director Dr. med. Ruben Jentzsch
Lutherstraße 10
04315 Leipzig
Germany

In the event of withdrawal, my data will be deleted after the expiration of statutory retention periods and, if no such periods still apply, upon receipt of the withdrawal by the practice. The practice will forward my withdrawal to the third parties named above, who will also delete their data, insofar as this is legally possible.

11) Consent
By signing, I confirm that I have read and understood this information and agree to the described data processing.

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Place, date Signature