

## Declaration of consent

for the collection/transfer of patient data according to Section 73(1b) of the Social Code on Statutory Health Insurance (SGB V) and data transmission

I,  (surname, first name), date of birth   
**consent that**

- the Liver Centre in Munich may send my treatment data and findings for documentation purposes and further treatment to my general practitioner and other treating specialists by post or fax.
- the Liver Centre in Munich may obtain the findings required for my treatment from my general practitioner or other medical doctors in writing or by telephone and may process, use and store them for documentation purposes and to provide medical services.
- my general practitioner or other treating medical specialists may request my treatment data and findings from the Liver Centre in Munich.

**My general practitioner/medical specialist is** (please enter the name and address):

  
  

## Patient data

**I explicitly consent that** (please mark):

The Liver Centre in Munich may send me my findings and examination results **by post** (please pay postage fee in advance at Reception) using the following address:

  

The Liver Centre in Munich may send me my findings and examination results **by fax** using the following number:

The Liver Centre in Munich may send me my findings and examination results **encrypted with a password by e-mail**, using the following address:

I agree that my data, mobile number and e-mail address may be used to provide me with an appointment confirmation or an appointment reminder.

As a patient, I bear full responsibility for the correctness of the addresses provided by me and indemnify the Liver Centre in Munich against any liability in connection with data protection laws.

I am aware that I may revoke this declaration fully or in part at any time. I have taken note of the displayed information regarding data protection for patients.

Munich, dated

Signatur of the patient or legal representative