

Informed Consent

I was provided with an information sheet on data protection and I was given the possibility to ask questions

- about the purposes of the processing for which the personal data are intended
- on the legal bases of the processing
- about the right to request access of personal data
- about the right to request rectification or erasure or restriction of personal data
- about the right to object to processing as well as the right to data portability

I agree that

- treatment information from other physicians and healthcare providers may be requested and subsequently documented for the purpose of treatment by the practice of Dr. Birrenbach.
- treatment information concerning me may be transmitted to other physicians / psychotherapists and service providers treating me. This includes laboratories that are required to provide laboratory values (such as blood values) that are necessary for treatment and diagnosis.

I understand that I may revoke the consent at any time in whole or in part for future treatment.

Name of patient in print

PRN Name of legal representative in print

Location, Date

Signature of patient or legal representative