

Cardiomed24

Prof. Dr. med. Burkhard Sievers MD, FESC, FACC, FSCMR • Consultant in internal medicine, cardiology and angiology

Dr. med. Heinz-Wilhelm Esser MD • Consultant in pneumology and cardiology

Examination at medneo Diagnostic Centre

Appointments online via www.cardiomed24.de (Doctolib), E-Mail: info@cardiomed24.de or Phone: +49 2132 6859680 Fax: +49 2132 6857794



Patient information form

Personal details	<input type="radio"/> male	<input type="radio"/> female	<input type="radio"/> unknown
_____	_____	_____	_____
Title (if applicable), last name, first name	Date of birth	Age	
_____	_____	_____	
Street, house number	Postcode, city		
_____	_____		
Phone/mobile	E-mail address		
_____	_____		
Health insurance/cost bearer	<input type="radio"/> This form is signed by a legal representative on behalf of the patient. Please take note of the form for patient representatives.		

Patient information

Dear patient

The medical facility processes your personal data in order to make an appointment and to carry out an examination or treatment. To ensure high diagnostic quality, the medical facility uses the services and infrastructure of medneo (medneo Deutschland GmbH, Hausvogteiplatz 12, 10117 Berlin). medneo operates diagnostic imaging technology platforms that provide healthcare providers with flexible access to modern infrastructure. medneo services include the provision of diagnostic equipment and infrastructure, non-medical staff and other administrative services. medneo processes your personal data relating to examination and treatment on behalf of the medical facility as well as in regard to the fulfilment of all radiation protection requirements, especially ionising and non-ionising radiation. In addition, medneo offers additional services in case you have signed the declaration of consent which allows medneo to process your data. The diagnostic and therapeutic services are provided by physicians of the medical facility. Your personal data will be kept strictly confidential. You can get more information concerning the processing of your data and your data protection rights from the enclosed insert.

A second consensus opinion from outside physicians may be obtained if you declare your consent to the medical facility in the form provided below.

Declaration of consent to process data by the medical facility

I hereby give my consent to this medical facility that my contact data as well as insurance and health data (information on the state of health and information on the conduct of examinations and treatment) may be forwarded to the doctors named in the supplementary sheet with whom the medical facility cooperates to obtain a second opinion for quality assurance. Health data are special categories of personal data which are subject to particularly high protection requirements for processing.

My consent is voluntary. I may at any time revoke this declaration of consent with future effect. Refusal of consent or withdrawal has no negative impact on my treatment. However, obtaining a second opinion is no longer possible.

Place/date

X

Signature of patient*

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Declaration of consent for data processing to proceed with further treatments at medneo

I hereby give my consent to medneo that my contact data, insurance, health, examination as well as treatment data may be processed for the provision of free of charge performances, especially for the retention of my examination data up to five years for the purpose of the possibility for me to access those on my request at a later point in time or to forward this data to other health care providers or to schedule further examinations in a medneo diagnostic centre

Further information regarding data processing can be found in the supplemental sheet. Health data are special categories of personal data which are subject to particularly high protection requirements for processing.

My consent is voluntary. I may at any time revoke this declaration of consent with future effect.

Place/date

X

Signature of patient*

Declaration of consent for health data processing in an anonymised way by medneo

I hereby give my consent to medneo that my health, examination as well as treatment data can only be used in an anonymised way in regards to product developments and improvements, for teaching purposes as well as for the execution of scientific studies by medneo and by cooperating partners (e.g., research and development institutions).

Further information regarding data processing can be found in the supplemental sheet. Health data are special categories of personal data which are subject to particularly high protection requirements for processing.

My consent is voluntary. I may at any time revoke this declaration of consent with future effect.

Place/date

X

Signature of patient*

Forwarding of diagnostic results

The results of the examination and, if applicable, the image data will be sent automatically to the specialist who referred you.

Follow-up appointment (date) with your attending physician (if available):

I would also like the results to be sent to my above mentioned personal e-mail address.

If the diagnostic results should also be sent to another medical facility (hospital, practice, etc.), please state the complete name, address and fax number of the medical facility, otherwise the results cannot be forwarded:

Name of facility

Street, house number

Fax number

Postcode, city

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Insurance and tariffs (only for private patients)

To ensure a smooth settlement of accounts, please mark the tariff of your insurance company and, if submit the corresponding proof.

- _____ Standard tariff Financial aid _____ %
Insurance company
- Emergency rate 1,38/1,8 (proof of insurance required) Basic rate (Sozial security rate) 1,0/1,2 (proof of insurance required) Private student (proof of insurance required)
- KVB I-III (Civil Service health insurance fund) PostBeaKK B (German civil Service Health Insurance Fund) Other special tariffs (proof of insurance required)

Treatment contract (only for private patients or direct payers)

I hereby confirm that I would like to request a private medical examination by doctors from the medical facility. I have been informed that my examination can be invoiced according to the German Medical Fee Schedule (GOÄ) up to a maximum rate of 3.5 times for medical services and 2.5 times for medical-technical services according to the effort and degree of difficulty, unless a separate agreement has been concluded, such as for check-up examinations. I am aware that as a contractual partner of the medical facility I am the sole debtor of the invoiced fees under the GOÄ (German Medical Fee Schedule).

_____ X _____
Place/date Signature of patient*

Billing information

Declaration of consent for billing services by (Text provided by)

_____ X _____
Place/date Signature of patient*

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Copy of your completed documents

You are entitled to a copy of your completed documents (under section 630 e paragraph 2 sentence 2 of the German Civil Code)

- I do not wish to receive a copy.
 I will collect a copy from reception after the examination.

X

Place/date

Signature of patient*

Invoice recipient

Please fill in only if you **are not the cost bearer**/invoice recipient.

Last name, first name or company

Phone/mobile phone

Street, house number

Postcode, city

* An accompanying adult who is an authorised signatory, such as a parent, guardian or authorised representative may sign on behalf of the patient.

** Where a guardian (e.g. parent) is the sole signatory, they confirm with their signature that they have sole custody or that they act in agreement with the other custodian.