Patient form

Praxis Vergin

Praxis Vergin
Seefeldstrasse 66
8008 Zürich
044 383 30 03
praxisvergin@hin.ch

Personal details (Please complete in block capitals)

First name	Last name
Sex ☐ m ☐ f ☐ prefer not to say	Date of birth
Language	
Street and house/building no.	Postcode and town/city
Landline/mobile number	email
Occupation	Employer
Emergency contact address and phone number	
Former family doctor	
Health insurance company	Policyholder no.

Legal representative (Please complete if applicable and not identical to patient's details)

Institution	
First name	Last name
Street and house/building no.	Postcode and town/city
Landline/mobile number	email

By signing, I confirm that I consent to my data being processed, to my data being accessed by the doctor, and to my data being disclosed to third parties in accordance with the patient information on the next page.

I am aware of the potential risks of sharing particularly sensitive personal data (possible access by unauthorised third parties through non-secure communication channels) and of my rights, and consent to mutual contact between my doctor and myself as patient using the indicated contact details. Patient information will only be disclosed by the medical practice via secure communication channels. I hereby note that administrative matters, such as the postponement of appointments, are handled using unencrypted email (to recipient addresses such as @bluewin.ch, @gmail.com.)

Under the Health Insurance Act, patients receive a copy of the medical bill.

Place, date	Signature

Appointments that are not cancelled with at least 24 hours' notice may be charged. Please let us know in good time.

Patient information on the handling of personal data

The paragraphs below explain for what purpose the aforementioned medical practice (hereinafter medical practice) collects, stores or passes on your personal data. We also inform you of your rights under the Data Protection Act.

Data controller The responsible body for the processing of your personal data and in particular your health data is the medical practice. If you have questions about data protection, or if you wish to exercise your rights under the Data Protection Act, please contact the staff at the practice or your doctor directly.

Collection and purpose of data processing The processing (collection, storage, use and retention) of your data is carried out on the basis of the treatment contract and legal requirements to deliver treatment and to meet the associated obligations. Data is collected on the one hand by the attending doctor. On the other, we also receive data from other doctors and healthcare professionals who are treating you or have done so in the past, provided you have given your consent. In your medical record, only data connected to your medical treatment is processed. The medical record includes the personal information provided on the patient form, such as personal details, contact data and insurance information, as well as the discussion on informed consent conducted during the consultation, and health data collected, such as medical history, diagnoses, proposed treatment and results.

Retention period Your medical record is retained for 20 years after the last consultation. After that, it will continue to be retained with your express consent, or it will be securely deleted or destroyed.

Disclosure of the data We only disclose your personal data and in particular your medical data to external third parties if this is permitted or required by law, or if you have consented to the disclosure of your data within the framework of your treatment.

- Disclosure to your health insurance provider or to the accident and invalidity insurance is done for the purpose of billing the care you receive. The type of data disclosed is guided by the legal requirements.
- Disclosure to cantonal and national authorities (e.g. cantonal medical officer, public health departments) is done on the basis of legal duties to report.
- Optional: Disclosure of the necessary patient and billing data to the debt collection agency for debt collection purposes.

In individual cases, depending on your treatment and the corresponding consent, data may be disclosed to other authorised recipients (e.g. laboratories, other doctors).

Withdrawal of consent If you expressly consented to data processing, you can withdraw that consent in full or in part at any time. Withdrawal of consent or a request to amend the consent must be submitted in writing. As soon as we have received your withdrawal in writing, and if there is no other lawful basis for the data processing, it will be stopped. This does not affect the lawfulness of the data processing carried out before consent was withdrawn.

Subject access requests You have the right to obtain information about your personal data at any time. You can view your medical record or request a copy of it. Issuing a copy of the data may incur a charge. You will be notified in advance of any costs associated with preparing the copy.

Right of data transfer You have the right to request a copy of the data that we automatically or digitally process about you in a common, machine-readable format for yourself or a third party. This applies in particular to the disclosure of medical data to a healthcare professional of your choice. If you request data disclosure to another data controller, this is done provided it is technically feasible.

Rectification of your data If you notice or believe that your data is incorrect or incomplete, you can ask for it to be rectified. If the correctness or completeness of your data cannot be established, you can have a notation added to indicate that a correction request was made.