

Declaration of consent for data processing (short version)

In the following, we inform you about the purpose for which Holbeinpraxis collects, stores or shares your personal data. In addition, we inform you about your rights, which you can exercise in the context of data protection. This is required by law according to the revised Data Protection Act, valid as of September 1, 2023.

Responsibilities The responsible party for the processing of your personal data and in particular your health data is: Holbeinpraxis, Holbeinstrasse 65, 4051 Basel.

Collection and purpose of data processing The processing of your data (collection, storage, use and retention) is carried out on the basis of the treatment contract and legal requirements for the fulfillment of the purpose of treatment as well as the associated obligations (professional & due diligence obligations, documentation obligation, reporting obligation, etc.). A complete list of all categories of personal data can be requested from Holbeinpraxis at any time.

Transfer of data We will only pass on your personal data and in particular your medical data to third parties if this is permitted or required by law or if you have consented to the data being passed on as part of your treatment. This data is passed on by the Holbeinpraxis exclusively via secure communication channels (letter mail, fax or encrypted email communication). Your personal email is usually not encrypted. Therefore this data exchange is only recommended for administrative purposes.

Revocation of your consent Any consent given can be revoked in whole or in part at any time, but this has no impact on the data processing that has already taken place. This revocation must be made in writing.

Information, inspection, release and correction You have the right to receive information about your personal data at any time. You can view your medical history or request a copy. There may be a fee for issuing the copy. You also have the option to request correction of your information at any time.

I have read this patient information and agree to its use.

Name, First Name, Date of birth

Date, Signature

