



Consent to the

January 2026

Data sharing and unencrypted transmission of documents by e-mail

Family name

first name

date of birth

1. Data transfer between the Martini-Klinik and the physicians treating you

- a. The Martini-Klinik uses the data infrastructure of the UKE Group. You therefore agree in general that your treatment data/findings may be transmitted by the Martini-Klinik to the treating physicians and other employees of the UKE Group for documentation and further treatment purposes.
- b. As part of your treatment, it may be necessary to obtain information about your state of health or previous treatments from your treating physicians. This includes the exchange of documents (e.g., doctor's letters, findings, surgical reports, laboratory results, or imaging) and also the transmission of our doctor's letters and discharge letters to your treating physician(s).

I agree to the transmission of the doctor's letters/findings to my treating physician:

yes no

Name of medical practice: _____

Address of medical practice: _____

- c. For the purpose of the consent I have given above, I hereby release my treating physicians and employees of the UKE Group from their duty of confidentiality.

This shall also apply to my future treatments/consultations, so that this consent does not need to be obtained again

yes no

Note on data processing:

Information on the processing of personal data can be found at: Documents for download <https://www.martini-klinik.de/en/phone> (document 5).

At your request, we can also provide the data protection information in printed form.

2. Communication by e-mail

In addition, I agree that the Martini Klinik may contact me by e-mail. This may be necessary for the following purposes: arranging appointments, providing feedback, sending information material or patient questionnaires, doctors letters and/or medical reports.

yes no

My e-mail address for this purpose is as follows:

I am aware of – and agree – that such e-mails can be send to me in an unencrypted form without special security measures.

If you don not consent to unencrypted transmission by e-mail, the required documents will be sent by conventional mail.

This declaration of consent can be revoked at any time without giving any reasons.

Date

Signature

Please contact us if you have further questions