Consens to the

Januar 2025

Data sharing and Unencrypted transmission of documents by e-mail

_____	_____	_____
Name	Surname	Date of Birth

1. Consent to data transmission between the Martini-Klinik and the doctors treating you

I agree to my treatment data/results being transmitted by the clinic to the medical practice specified below for the purposes of documentation and further treatment. Treatment data and results are transmitted so that centralized documentation can be compiled and completed at my doctor's practice.

I consent to ○ I **not** consent to ○

Name of medical practice: .....

Address of medical practice: .....

During your treatment, we may need to obtain information from the doctors treating you about your state of health or previous treatments. We therefore ask for your consent to contact them.

I consent to ○ I **not** consent to ○

If you do not wish to give this consent, we would need to ask you to request or forward the results from your doctors yourself.

My consent to these two items will also apply to my treatments over the next three years so that my consent does not need to be re-obtained each time. I can change back to giving consent to individual treatments at any time by informing the Martini-Klinik.

I consent to ○ I **not** consent to ○

For the purpose of the consent that I have given to the items above, I therefore also release those treating me and the employees of the UKE group, in particular the doctors and their assistants, from their duty of confidentiality.

I am aware that I may withdraw the consent I have given with future effect..

Note on data processing:
Information on the processing of personal data can be found at:
Documents for download (martini-klinik.de).
At your request, we can also provide the data protection information in printed form.

2. Communication by e-mail

With my signature I agree that the Martini-Klinik am UKE GmbH is allowed to contact me via email. This consent can be used for appointments, feedback, the sending of information or patient questionnaires and doctors letters and/or medical reports even before the actual appointment for diagnostics or therapy.

I consent to ○ I **not** consent to ○

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't consent to unencrypted transmission by e-mail, the required documents will be send by conventional mail.

These two consents should apply to my treatments over the next three years so that they do not need to be obtained again.

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

_____ _____

Date Signature

Please contact us if you have any further questions.

Martini-Klinik am UKE GmbH
Geschäftsführung: Dr. Detlef Loppow, Martinistraße 52 · Gebäude Ost 40 · 20246 Hamburg · www.martini-klinik.de
Telefon +49 (0)40 7410-51300 · Fax +49 (0)40 7410-51323 · info@martini-klinik.de