



Consent to the

## Unencrypted transmission of documents by e-mail

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Name

First name

Date of birth

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 even before the actual appointment for diagnostics or therapy.

I consent to

I do **not** consent to

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

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I am aware of – and agree – that such e-mails can be send to me in an unencrypted form without special security measures. I have been explicitly informed about the dangers of e-mail communication and, in awareness of this fact, give my consent.

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

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

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Place

Date

Signature

Please contact us if you have any further questions.

### **Martini-Klinik am UKE GmbH**

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