medicus
Ärztezentrum March

Fillable form
Complete and save this form on your computer, tablet or smartphone. Please sign on pages 1 and 2 – by hand on a printout or with your PDF app's signature tool (then also by hand at your first appointment). Then preferably hand it in personally or send it by encrypted email to medicus@hin.ch. This note will not be printed.

Registration form and data privacy statement

Personal details (please complete in block capitals)

First name	Last name
Sex m☐ f☐	Date of birth
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	Card number

Legal representative (please complete if applicable and not identical to the 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 sensitive personal data (possible access by unauthorised third parties through non-secure communication channels) and of my rights, and I consent to mutual contact between my doctor and me as the patient using the contact details given above. Patient data will be disclosed by the medical practice only via secure communication channels. I consent to administrative matters, such as the rescheduling of appointments, being handled using unencrypted email (from an @hin.ch address to recipient addresses such as @bluewin.ch or @gmail.com).

My data may be forwarded to mediserv AG and HAWAdoc AG for the purpose of invoicing and credit checks and may be stored there.

Under the Federal Health Insurance Act (KVG), patients receive a copy of the medical bill. For ease of communication, the copy of the bill is sent in encrypted form to the email address I have provided.

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

Place, date	Signature

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Patient information on the handling of personal data

The paragraphs below explain for what purpose medicus Ärztezentrum March (medicus Ärztezentrum AG, hereinafter 'the medical practice') collects, stores or passes on your personal data. We also inform you of your rights under data protection law.

Data controller

The body responsible 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 data protection law, 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, in order to deliver treatment and to meet the associated obligations. On the one hand, data is collected by the attending doctor in the course of your treatment. On the other hand, 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, among other things, the informed consent discussion conducted in the course of the treatment and health data collected, such as medical history, diagnoses, proposed treatments and findings.

Retention period

Your medical record is retained for 20 years after your last treatment. 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 in the course of your treatment.

- Disclosure to your health insurance provider or to the accident or invalidity insurance takes place for the purpose of billing for 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) takes place on the basis of legal duties to report.
- In the event of outstanding payments, the necessary patient and billing data may be disclosed to a debt collection agency for debt collection purposes (recovery of amounts due).

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

Withdrawal of consent

If you have 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 lawful basis for the data processing other than your consent, the processing will be stopped. This does not affect the lawfulness of the data processing carried out before consent was withdrawn.

Information, inspection and copies

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 the copy may incur a charge if it involves disproportionate effort. Any costs depend on the effort involved in preparing the copy and will be communicated to you in advance.

Right to data portability

You have the right to have the data that we process by automated or digital means delivered to you or to a third party in a common, machine-readable format. This applies in particular to the disclosure of medical data to a healthcare professional of your choice. If you request the direct transfer of the data to another data controller, this will be done only insofar as 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 neither the accuracy nor the inaccuracy of your data can be established, you can request that your data be marked as disputed.

Place, date	Signature

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