

Important information concerning your private billing statement

(Articles 12 et seq. of the EU General Data Protection Regulation (GDPR) in conjunction with sections 32 et seq. of the German Federal Data Protection Act (*Bundesdatenschutzgesetz*, BDSG), new version)

- Stamp of the responsible individual - (surgery/clinic)

Dear patient,

In your own interest, please take a moment to read the following.

In connection with your treatment, we accrue data about you, which we need to process to the necessary extent in order to perform the treatment contract. Subject to compliance with the relevant provisions of data protection law, these data may be also disclosed to third parties to the required degree (e.g. laboratories, physicians providing further treatment). We transmit your personal data to third parties only if this is permitted by law or if you have given your consent.

We intend to engage PVS Südwest GmbH, a professional association of the medical profession with many years of experience in billing physicians' fees, for the purposes of billing for the services that we provide to you. The purpose of this collaboration is to relieve our administration of the burden of dealing with billing questions. As a result, we will gain more time to provide optimal care to our patients. Your billing statement for our fees is generated in accordance with our specifications.

We would therefore like to ask that you read the attached declaration of consent and provide your consent to the described billing procedure, including to the disclosure of your medical data necessary for this purpose. Your consent is voluntary. Your treatment is not dependent on this declaration of consent.

The recipient of the data is PVS Südwest GmbH. As an entity under a duty of professional confidentiality, it is subject, as are we, to provisions concerning the statutory obligation to maintain doctor-patient confidentiality, as well as those concerning data protection. Sometimes, there are questions or requests concerning an invoice. PVS Südwest GmbH will be glad to assist you here too and offers you, among other things, extensive online services relating to your PVS invoice. For all billing questions, you can reach PVS Südwest GmbH as your competent contact partner by writing to C 8, 9, 68159 Mannheim, by calling 0621-1640, or by sending an email to rechnung@pvs-suedwest.de, as well as at www.pvs-suedwest.de and via the patient service portal at www.pvs-suedwest.de/ihre-arztrechnung.de.

The medical data processed by PVS Südwest GmbH are blocked when no longer needed and then erased after expiry of the statutory retention periods. You have the right to obtain information about the personal data concerning you. You also have the right to obtain the rectification of inaccurate data. In addition, under certain conditions, you have the right to erasure of data, the right to restriction of data processing, and the right to data portability. You have the right to withdraw your consent. Please direct your concerns about data protection directly to the data protection officer of PVS Südwest GmbH, email: datenschutz@pvs-suedwest.de or fax: 0621-1645370. You can obtain further information about data protection at PVS in the "PVS Transparency Declaration", which can also be viewed at any time at www.pvs-sudwest.de.

Furthermore, you have the right to complain to the responsible supervisory authority for data protection if you consider the processing of your personal data to be unlawful.

The contact data for the responsible supervisory authority are:

Landesbeauftragte für den Datenschutz und die Informationsfreiheit Baden-Württemberg
Postfach 10 29 32, 70025 Stuttgart

Tel: 0711/615541-0, Fax: 0711/615541-15, email: poststelle@lfdi.bwl.de

(Sensitive data should not be sent unencrypted by email or fax.)

PGP-Fingerprint: E4FA 428C B315 2248 83BB F6FB 0FC3 48A6 4A32 5962

Website: www.baden-wuerttemberg.datenschutz.de

Thank you for your trust!

Private	KVB I-III*	KVB IV*	Post B*	BG*	Standard rate*	Base Rate*	Student*
Last name of the payer			First name of patient			Date of birth	
For minors: Name, first name of the parent with custody						Date of birth	
Street/Number							
Postal code			City of residence				

- Stamp of the responsible individual - (surgery/clinic)

*Proof required

Declaration of consent (after being provided with “Important information concerning your private billing statement”)

1. I consent to the disclosure of information for the purpose of billing the provided medical services, including that contained in the patient file (name, date of birth, address, diagnosis, payer, examination and treatment data), as well as to the assignment of the claim for the purpose of collection, to PVS Südwest GmbH, C 8, 9, 68159 Mannheim, with the business offices Karlsruhe and Freiburg as well as to the printing and sending of invoices by PVS SSC - Shared Service Center – GmbH, Boxbergweg 3a, 66538 Neunkirchen.
2. I consent that PVS Südwest GmbH may invoice the services of my physician and, if applicable, those of other physicians treating me in its own name and may collect for its own account. Should there be a difference of opinion about whether the claim is justified, I consent to the disclosure to PVS Südwest GmbH of additional data from the patient file needed to justify the invoice. In the event of any lawsuit, PVS Südwest GmbH is the party to the suit. My physician may be heard as a witness.
3. I give my consent to the electronic data processing for the provision of personal data in the patient service portal of PVS Südwest and also release the treating physician(s) from their duty of confidentiality.
4. This declaration also applies to claims arising from future treatments. It may be withdrawn at any time with prospective effect by giving notice to my physician or PVS Südwest GmbH. Withdrawal of consent does not affect the lawfulness of processing that has taken place up to such time on the basis of this consent. In the case of withdrawal, no further data will be transmitted between my physician and PVS Südwest GmbH.

I hereby grant my consent.

Place, date

Signature of the patient/legal representative/authorised representative
 (If one parent signs alone for minor children, he or she expressly warrants that the consent of the other individual entitled to custody was likewise given.)

Last name, first name
 (unless identical to the above data)