

Declaration of consent for the transfer and exchange of data

Dear Patients,

To ensure that everything works smoothly, we cooperate with external laboratories, medical colleagues from other specialist medical fields (e.g. pathology, radiology, nuclear medicine) and external service providers. To this end, the required data will be communicated to an appropriate extent to the relevant companies and laboratories, which will process such data for the purposes of providing the services described below. You can ask your attending doctor as to which of your data are concerned and to what extent. After the task has been completed in the relevant company, the data are – to the extent possible – deleted or destroyed. Laboratories have their own retention obligation in accordance with the rules on medical secrecy.

- I agree that the joint urological practice ATURO transfers patient data to the extent necessary to external service providers, e.g. for the purpose of a controlled disposal of data waste, for e-mail or text/sms reminders of upcoming appointments, or to perform typing services. I also agree that the joint urological practice ATURO transfers my patient data to the extent necessary to external laboratories for the purpose of examining medical samples.
- I also agree that the doctors at the joint urological practice ATURO may request data and findings from pretreatments from the doctors specified if this is necessary for the treatment. I release the doctor who treated me previously from his/her obligation of medical secrecy. If no consent is given, the treatment could be considerably hampered. Furthermore, I agree that the joint urological practice ATURO may transfer my treatment data and findings to the doctor responsible for my subsequent treatment (or my general practitioner) for the purpose of my further treatment. In this respect, I release the attending doctors of the joint urological practice ATURO from their obligation of medical secrecy.
- I make this declaration on a voluntary basis. I am aware that I can revoke this consent at any time with effect for the future without giving any reason.

Berlin, _____ **Patient's signature** _____

Should you have any concerns about such data transfers, please do not hesitate to contact us.

If you do not give your consent, your treatment might be adversely affected. Such adverse effects could for instance result in an insufficient treatment and, where appropriate, the treatment must be denied. We can only guarantee the provision of emergency treatment where necessary. You may ask our staff if you require more detailed information.

MD No.: _____

Please find below a list of all current service companies and laboratories the joint urological practice ATURO cooperates with, as well as information on the type and scope of data processing:

Cooperation partner	Service	Data transferred
Ärztin für Pathologie Dr. Savvas Fuggerstr. 23 10777 Berlin	Pathological examinations of tissue samples, body fluids	Referral (master data: first name and surname, address, date of birth, patient ID)
Radiologie am Europacenter Dres. Schubert, Rupp, Landgraf Nürnberger Str. 67 10787 Berlin	Magnetic resonance tomography (MRT), Computer tomography (CT)	Referral (master data: first name and surname, address, date of birth, patient ID), laboratory results
DTZ Berlin Kadiner Str. 23 10243 Berlin	PET/CT, PET/MR, SPECT/CT, SPECT/MR), MRT, IMRT/VMAT, conventional nuclear medicine	Referral (master data: first name and surname, address, date of birth, patient ID), laboratory results
Praxen für Nuklearmedizin Dres. Stabell, Arnan-Thiele, Gericke, Stelling, Bardich, Wulfson, Hoffmann, Krössin, Mommsen a) Düppelstr. 30/Deitmerstr. 8 12163 Berlin-Steglitz b) Auguste-Viktoria-Klinik, Haus 8, 1. Etage Rubensstr. 125 12157 Berlin-Schöneberg	MRT, CT	Referral (master data: first name and surname, address, date of birth, patient ID), laboratory results
Radiologie Wilmersdorf Dres. Auer, Nöbel, Harms, Kuhl-Kombos a) Südwestkorso 59 14197 Berlin b) Mainzer Str. 15 10715 Berlin	CT, MRT	Referral (master data: first name and surname, address, date of birth, patient ID), laboratory results
medneo Diagnostikzentrum Berlin-Mitte Marburger Str. 12 10117 Berlin	MRT (PI-RADS)	Referral (master data: first name and surname, address, date of birth, patient ID), laboratory results
Labor 28 Mecklenburgische Str. 28 10789 Berlin	Laboratory tests	Referral (master data: first name and surname, address, date of birth, patient ID)
Labor Eicke EicLab GmbH Jacobsonstraße 20 13086 Berlin	Laboratory tests	Referral (master data: first name and surname, address, date of birth, patient ID)
Arbeitskreis-Labor LabService GmbH Jacobsonstraße 19/21 13086 Berlin	Laboratory tests	Referral (master data: first name and surname, address, date of birth, patient ID)

MD No.: _____

Patient's consent to the transfer of treatment data and findings pursuant to Sec. 73 (1b) SGB V (German Code of Social Law)

(To be completed by the patient.)

Surname, first name

Date of birth

Address

- I agree that my attending doctor at the ATURO practice may collect the data and findings necessary for my treatment from my general practitioner or other doctors or other service providers from whom I am receiving treatment. The persons concerned are obliged to pass on this information. My attending doctor may use this information only for the purpose of fulfilling the services to be provided by him/her.
- I am aware that I can revoke this consent at any time in whole or in part with effect for the future.

The data may be transferred by the following means:

- 1) By fax to the following number: 030 / 8866350-25
- 2) By post to the following address: ATURO Gemeinschaftspraxis
Mecklenburgische Str. 27
14197 Berlin

Place, date

Signature of patient or legal representative