

## Declaration of confidentiality and supplementary information on data protection

I have been informed that Dr. Tschebiner and colleagues, in order to be able to carry out my medical examination comprehensively, consider the laboratory assessment of at least one further medical institution to be necessary. This medical facilities are:

- **AMEDES group Labor und Diagnostik Haferweg 40, 22769 Hamburg**
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- **ORGA-Labor GmbH, Weinstr. 3, 80333 München and Hospitalstr. 2, 48607 Ochtrup**
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- **Pathologie München Nord, Ernst-Platz-Str. 2, 80992 München**
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- **Pränatal-Medizin München, Friends Tower I, Friedenheimer Brücke 19, 80639 München**

For this purpose, your personal health data and the samples to be examined must be transmitted to these institutions. The associated data processing is carried out in order to fulfill the treatment contract between you and your doctor and to fulfill the associated obligations. It is possible that the facilities listed above are unable to perform one or more of the examinations of the samples sent in themselves. In such a case, the samples and the health data will then be sent to other medical laboratories to have the tests the examinations are carried out there. In individual cases, health data is thus transmitted to further authorized recipients who are also subject to medical confidentiality.

Only through these described data and samples described above can the treatment be carried out professionally and appropriately on the basis of current, reliable medical knowledge and scientific findings, and in accordance with the rules of medical the rules of medical art and skill.

I \_\_\_\_\_ hereby declare, that  
patient's name

1. I consent to the transfer of my personal health data to the above-mentioned institutions and, if applicable, to the listed subordinate medical laboratories, and

2. I release Dr. Tschebiner and colleagues from their duty of confidentiality towards the above-mentioned institutions and the subordinate medical laboratories. I declare this voluntarily and I am aware that I can revoke this declaration at any time.

Munich, \_\_\_\_\_  
date

\_\_\_\_\_  
Signature of patient

Some of the above-mentioned institutions include in the invoicing of the laboratory medical examination services provided by

**amedes Medizinische Dienstleistungen GmbH, Werner-von-Siemens-Str. 8, 37077 Göttingen**

or

**Medas factoring GmbH, Messerschmittstr. 4, 80992 Munich as medical clearing houses.**

In order for the laboratory medical services to be billed, the above-mentioned institutions will also transmit your personal health data, which are necessary for billing of the laboratory medical services, to the medical clearing houses.

I \_\_\_\_\_ hereby declare, that  
patient's name

1. I agree that my personal health data will be transferred from the above mentioned institutions to amedes GmbH or Medas factoring GmbH, respectively, and
2. I release the above-mentioned institutions from the duty of confidentiality towards amedes GmbH or Medas factoring GmbH for this purpose. I declare this voluntarily and I am aware that I can revoke this declaration at any time.

Munich, \_\_\_\_\_  
date

\_\_\_\_\_  
Signature of patient