



**Declaration of consent
to collect/transfer patient data**
in accordance with § 73 Para. 1 b SGB V and § 9 Para. 4 Berufsordnung für Ärzte
-Volume 5 of the German Social Security Code and medical professional code of conduct-

I: *(to be completed by the patient!)*

Last name, given names

Date of birth

Health insurance

agree that

- The joint radiology practice may transfer treatment data and results concerning me to doctors providing follow-up care for the purpose of ongoing care. Data is transferred for the purpose of informing the doctor providing follow up care.
- The joint radiology practice may request treatment data and results from doctors currently providing treatment for the purpose of providing follow-up care. This request allows radiologists to compare previous examination results with the current examination.

Remark:

I am aware that I may revoke this statement of consent at any time either in whole or in part for the future.

Place, Date

Signature of the patient or legal representative