

# Praxis für Klein und Groß

Physiotherapie + Osteopathie  
Andreas Koebse

## Treatment Agreement

Between Physiotherapy Practice  
A. Koebse, Steinstr. 31, 12307 Berlin

and the patient:

Surname, first name:		Date of birth:
(Parent/guardian:)		
Address:		
Phone no.:	E-Mail address:	
Health insurance:		
Type of health insurance:	<input type="checkbox"/> statutory <input type="checkbox"/> private <input type="checkbox"/> private/allowance <input type="checkbox"/> supplementary insurance for non-medical practitioners	

### Data protection

I give my consent to the storage of my personal data for the following purposes:

- electronic health record (health-related data will be documented to allow for the best treatment)
- invoicing via the Starke Software GmbH and health insurances
- transfer to tax consultant in payment transactions
- consultation with attending physicians  yes  no

I have been informed that I have the right to withdraw this consent at any time in writing or via e-mail to the practice (art. 7 sect. 3 GDPR, you can also request a form in the practice)

I am aware that the withdrawal of my consent, which is possible at any time, does not affect the lawfulness of the processing carried out on the basis of the consent until revocation (art. 7 section 3 sentence 2 GDPR)

There is a detailed Privacy Statement on the back of this page.

### Invoicing

I have taken notice of the current treatment prices (see notice board) and I agree to bearing the treatment costs myself, provided that the insurance company refunds the invoice amount only partially or not all. The invoice needs to be settled by bank transfer to the specified invoice account within 28 days after receipt (regardless of the date of reimbursement by the insurance company).

### Co-payment

If you are not exempt from co-payment and are over 18 years of age, physiotherapy services are subject to a 10% co-payment with statutory health insurance. There is also a fee of EUR 10 per prescription (§ 32 SGB V (German Social Security Code) and § 61 SGB V). These co-payment fees are due no later than the 2nd treatment. If you are exempt from co-payment, please present your exemption certificate.

### Cancellation fee

I have taken note that agreed treatment appointments must be cancelled by telephone at least 24 hours before the agreed appointment. In case of cancellation at short notice or missed appointments, Practice Koebse is entitled to issue a cancellation invoice in the amount of the treatment fee. Delays on the part of the patient do not constitute an obligation for follow-up treatment by the therapist.

By signing below, I agree to this Treatment Contract and the Privacy Statement on the reverse side.

Berlin, \_\_\_\_\_  
Date

\_\_\_\_\_  
(Patient or parent/guardian)

\_\_\_\_\_  
(Therapist)

# Privacy Statement

## **To whom does the privacy policy apply?**

When we process personal data, this means that we collect, store, use, transmit or delete such data, e.g. in the context of registration, diagnostic findings, documentation and invoicing. So as soon as you receive a service from us or make an appointment, this data protection declaration applies to you.

## **Which personal data do we collect and why?**

In connection with the treatment we need certain data from you in order to be able to fulfil our obligations. We collect personal data as soon as you become a patient or customer of ours. This means from the moment you make an appointment with us or request an appointment with us. Without these personal data, we are not able to enter into a contract with you or carry out treatments.

You are free not to answer individual questions. You have the right to refuse to provide certain information at any time. However, if the information in question is information that our therapists consider necessary in order to carry out a qualified treatment or to exclude contraindications for a treatment technique, refusal may result in the therapist refusing the treatment.

## **We process the following personal data in our practice:**

### **Personal identification details**

such as your first and family name, address, date of birth, type of health insurance. We require these data for your identification and for invoicing purposes with your health insurance company.

### **Contact details:**

e.g. phone number, e-mail address

We will only use these data to contact you in relation to your treatment.

### **Health data**

e.g. secondary and previous illnesses, course of diseases, operations, certain medications, pain conditions and courses

## **Access to your data within our practice**

Your data can only be accessed by those entities of our practice that require them in order to protect our legal interests or to fulfil our contractual and legal obligations. This includes your treating therapists and possibly reception staff who are responsible for the patient management as well as other entities that are charged with the preparation and invoicing of services rendered.

## **Access to your data outside our practice**

Any information about you will be treated with the utmost confidentiality and discretion. We may only pass it on if legal regulations permit this or if you have given your consent by releasing us from the obligation of secrecy.

## **Duration of storage of your data**

We only store your data for as long as necessary for your treatment and for the duration of the statutory retention period (treatment documentation, for example, must be retained for 10 years according to § 630 f German Civil Code)

If the data are no longer required for the fulfilment of contractual and legal obligations, they will be deleted on a regular basis. This is not the case should if their retention is still required.