



Family Name	First Name	Date of Birth
Street	City	phone(home)
E-mail	mobile phone	
Pediatrician	Address of Pediatrician	
Health Insurance		

**The billing for privately insured patients is done by the Privatärztliche Verrechnungsstelle (PVS) berlin-brandenburg-hamburg & Co. KG**

Name of the main insured person and billing address: \_\_\_\_\_  
\_\_\_\_\_  
Date of birth: \_\_\_\_\_

Dear parents,  
We would like to ask you to answer the following questions. They serve to provide your child with the best of care and will be held strictly confidential.

<b>Did your child had an accident at school/kindergarden or a commuting accident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were there operations, if yes, which?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which?
Is your child a diabetic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you aware of any infectious diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which?
Has your child had prior illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which?
<b>Does your child have allergies?</b> (Please show allergy pass)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which?
Does your child take medications regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which?
Does your child do sports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which?

\_\_\_\_\_  
Date Patient Signature / Guardian

### Information on Data Protection Law



acc. to §4a Bundesdatenschutzgesetz/Federal Data Protection Law  
(forwarding of information of personal data)

Dear Patient,

the new Bundesdatenschutzgesetz/Federal Data Protection Law is made to protect your personal data such as name, address, telephone number, profession etc. from being used by unauthorized third parties.

Our orthopaedic center hereby assures you to use the personal data according to the bases and guidelines given by the EU-Datenschutzgrundverordnung (DSGVO/Federal Data Protection Law) and how described in the guidelines of data protection.

**In your own interest, be careful of some of the following:**

Please give us written notes, if you allow us to transfer data to third party such as insurances, members of your family etc.

According to the Federal Data Protection Law, you have the right to revoke your written consent any time.

Dear Patient,

The PVS berlin-brandenburg-hamburg GmbH & Co. KG (PVS), Invalidenstr. 92, 10115 Berlin will settle the invoice for the medical/therapeutic services, create the invoice and collect the fee claim from you. As an independent company, PVS is part of the PVS holding GmbH group of companies, which is also its parent company. The parent company manages the bookkeeping on behalf of PVS, provides the IT infrastructure including maintenance and support as well as the printing and mailing of written communications. As part of necessary data processing, PVS is available as data protection managers to protect your rights and answer your inquiries. The employees of the aforementioned companies are professionals entrusted with confidential information and are subject to professional secrecy and the provisions of data protection in the same manner as a doctor. The fee claims are assigned to and held in trust by PVS. PVS creates the invoice in its own name, collects the fee claim on its own account and is available to you as the contact person. Until final payment of the total amount of the fee claim, PVS is subject to the instructions of the service provider, who also in this respect, retains ultimate control of the invoicing process.

With your signature, you consent to the assignment of the fee claim and to data processing for the purposes of invoicing, collection of fees and evaluation of the medical work. Your personal treatment data, such as address, date of birth, cost bearers, any charge rates, days of treatment, services provided according to the scale of charges and related diagnoses, will be transmitted to the PVS companies mentioned above. Of course, your treatment does not depend on this consent. You can also exclude individual treatments from this declaration. Then the service provider would have to do the invoicing itself. This does not result in any disadvantages to you.

You can revoke your consent at any time with future effect. The legality of the data processing prior to revocation is not affected. Your data may then be further processed to the extent required by law. The revocation can be submitted to the service provider or PVS by means of a written declaration stating your name and address (if applicable invoice number). This also does not result in any disadvantages to you. Further information about data protection at PVS and about your rights can be found at: [www.ihre-pvs.de/datenschutz](http://www.ihre-pvs.de/datenschutz)

**I hereby consent to the processing of data by PVS for the aforementioned purposes and in this respect release the service provider and its professional agents at the same time from their duty to maintain medical confidentiality.**

Date

Signature of patient or legal representative

Further information concerning Data Protection Law are available at our information desk.