DECLARATION OF CONSENT

Patient[1]

First name, surname*
Street, house no.*
Postcode, town/city*
Date of birth*

*Required field

If applicable, statutory representative or different invoice recipient:

For minors / legally incompetent persons / persons with limited legal capacity

First name, surname
Street, house no.
Postcode, town/city
Date of birth

can be filled in by hand or digitally

Declaration of consent pursuant to Art. 9 (2) point a) in conjunction with Art. 6 (1) point a) of the General Data Protection Regulation (GDPR) and to assignment of claims, transfer of data and release from medical confidentiality

Consent to the assignment of claims

- I hereby agree that my treating entity[2] (see details in the stamp) may assign the claims arising from my treatment to **ZA** Zahnärztliche Abrechnungsgesellschaft Düsseldorf AG, Werftstr. 21, 40549 Düsseldorf (**ZA AG** for short). Furthermore, I agree that **ZA AG** may in turn further assign that claim to refinancers (Deutsche Apotheker- und Ärztebank eG or UniCredit Bank GmbH).

Consent under data protection law

- I hereby agree that my treating entity, as the original data controller, may pass on to **ZA AG** for billing purposes the personal data resulting from my treatment (in particular surname, first name, address and date of birth as well as other data required according to the relevant fee regulations or other accounting regulations or any other necessary data, including in the event of billing disputes, such as findings, service codes and treatment dates/service times).
- I also agree to **ZA AG** passing on to the above-mentioned refinancers the receivables assigned to it by my treating entity or the associated data in a fundamentally reduced form (address and master data), for the purpose of refinancing, with the consequence that a further responsibility under data protection law (role of data controller) of the respective refinancing entity will be established with regard to the reduced data which has been passed on.
- I also agree that the controller may obtain creditworthiness information from SCHUFA Holding AG, Creditreform Boniversum GmbH or infoscore Consumer Data GmbH and transmit my surname, first name, date of birth and address to the credit agency for that purpose (submission of creditworthiness enquiries to credit agencies).
- I also agree that my data may be processed automatically using **ZA AG**'s internal credit rating tool (**ZA**:riskmanager) in order to determine whether and to what extent a claim against me can be successfully enforced (software-based credit rating).

Release from medical confidentiality

- In full knowledge of the consequences of my declaration, I hereby revocably release my treating entity from the obligation of (dental) medical confidentiality vis-à-vis **ZA AG** and indirectly vis-à-vis one of the refinancers (Deutsche Apotheker- und Ärztebank eG or UniCredit Bank GmbH) with regard to my data collected in connection with the treatment and billing. The release from the duty of confidentiality is intended to enable my data to be passed on or further processed for billing and refinancing purposes. I am aware that certain professional groups (doctors etc.) and their employees are exclusively subject to strict statutory or professional confidentiality obligations, punishable under criminal law in accordance with Section 203 of the German Criminal Code (StGB), which as a result of the disclosure and (further) assignment no longer have to apply to the above-mentioned refinancers or persons acting on their behalf who further process my data.

Voluntary nature of consent, lack of consequences of refusing it and revocability

Consent is voluntary; in particular, the treating entity is not entitled to make or have made the treatment dependent on the above declarations of consent, nor is it entitled to subject me to any disadvantages during the treatment if I refuse to give my consent.

The declaration of consent can be revoked for future treatments without giving reasons. For ongoing treatment, revocation is only possible as long as the treating entity has not yet forwarded the data to **ZA AG**. The withdrawal of consent will not affect the lawfulness of the processing carried out up to the time of its withdrawal.

Data subjects are also entitled to the other rights set out in the attached information under Art. 14 GDPR.

Confirmation

With my signature, I confirm that I have received the attached information in accordance with Art. 14 GDPR and that I give my consent voluntarily and in the knowledge that I can revoke it.

Practice stamp

Place, date

Patient's signature

Signature of statutory representative*, if applicable

*I hereby declare that in my capacity as statutory representative I am authorised to individually make the declaration and sign it.

1 Even if only the masculine form is used in this text, it refers to all genders equally.
2 The term "treating entity" should be understood independently of the legal and organisational form (e.g. joint practice, group practice or individual treating (dental) doctor, medical care centre, [(day) clinic]).

Translation - not the original document

ZA Zahnärztliche Abrechnungsgesellschaft Düsseldorf AG
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