

DR. JAN OLIVIER ORTHOPÄDIE + CHIROPRAKTIK

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AGREEMENT ON FEES

Between

Dr. Jan Olivier

and

_____ |
Full name (block letters), date of birth

the following agreement on fees for medical consultations is made:

All fees are according to german medical fee schedule **Gebührenordnung für Ärzte (GOÄ)**. Standard increment factors will be used as needed, up to 3.5. In signing this I state that I will pay consultation fees independent from recompensations I might or might not receive from my insurance company.

We reserve time for your consultation exclusively. If needed please cancel your appointment 24 hours previously. Should you not show and have not cancelled one day prior to your appointed consultation we may still bill you.

To this I consent by signing:

_____ |
Date / **Signature**

AGREEMENT ON TRANSFER OF PERSONAL DATA (SGB V, §73 ABS.1)

The need to transfer your personal data to third parties may arise in doctor-patient relationships. Third parties typically may include:

- | | |
|---|--|
| + other doctors (e.g. for consultations) | + other therapists (e.g. physiotherapists) |
| + laboratories (e.g. for blood tests) | + pharmacies (e.g. for prescriptions) |
| + medical supply stores (e.g. for bandages) | + health insurance companies (e.g. answering requests) |

Our privacy policy is on display in the practice. We will hand you a copy if you wish. You can withdraw your consent to this statement in the future (BDSG §20, Abs. 5).

I hereby consent to the agreement on transfer of personal data:

_____ |
Date / **Signature**