

Health Insurance or Payer		
Surname, Given Name of Insured Person		Date of birth
Insurance no.	Policy Holder no.	Status
Practice no.	Physician no.	Date



## Declaration of Consent by Insured Person

The insured person's declaration of consent will be retained by the attending occupational physician

### Consent according to § 295a SGB V for the Collection, Processing and Transmission of Personal Data for Billing Purposes

I have acknowledged the privacy information sheet and agree with its content. I have been informed about the processing of my data by the occupational physician. I hereby give my consent for the processing of my personal data within the framework of the contract for the provision of vaccinations in accordance with §§ 132e SGB V.

#### I hereby agree that:

- the occupational physician shall store the information that I am participating in a vaccination by occupational physicians and shall archive my declaration of consent for the transmission of personal data for billing purposes and forward it to my health insurance company upon request for data processing and have it stored there,
- my data will be processed for the purpose of contract implementation, billing, and verification of the billing,
- my data required for billing will be forwarded to my health insurance company and, if necessary, to Helmsauer Curamed Managementgesellschaft, Nuremberg, which acts on behalf of the German Society for Occupational Medicine and Environmental Medicine (DGAUM), Munich
- medical data related to the vaccination will be documented by the occupational physician
- my data shall be transmitted to the Robert Koch Institute (RKI) for vaccination monitoring purposes (SARS-CoV-2 vaccination).

**I agree with the content described in this document and the data processing within the scope of the contract for vaccinations provided by the occupational physician. I have received a copy of this declaration of consent. I am aware that my consent to data processing is voluntary and can be revoked at any time. Revocation will result in my inability to continue participating in the care provided.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the Insured Person or Legal Representative

### Privacy Information Sheet

Your health insurance offers you new care options to optimize the entire healthcare system through quality and efficiency improvements. To implement the contractual care content, your health insurance requires the personal data collected by the occupational physician. Medical confidentiality, social secrecy and data protection regulations will be observed when carrying out and documenting the vaccination and when passing on administrative and medical data. By signing this declaration of consent, you agree to the collection and processing of the following data:

- Personal data:** Information given on the health insurance card (name, first name, insurance number, insurance status, validity, date of birth, address, health insurance company), date of enrollment
- Health-related data:** Type of vaccination, date of the vaccination
- Data relevant to billing:** Fee to be billed, value of the fee in EUR, date of service provision, name and physician number of the attending occupational physician, cost of the vaccine
- Care / treatment data:** Examination data (medical history, vaccination information), vaccination data (any abnormalities, complications), follow-up data where applicable (inflammatory conditions, number of check-ups, patient satisfaction)

The data will be processed by your attending occupational physician participating in the contract for his or her tasks. The data is part of routine medical documentation and serves to ensure the quality of the vaccination.

Your health insurance only receives data under sections a, b, and c, which are legally required for billing purposes. By consenting to the collection of data, your attending occupational physician will settle accounts with your health insurance fund via Helmsauer Curamed Managementgesellschaft.

The signed declaration of consent will be archived by your attending and participating occupational physician and forwarded to the health insurance company upon request, where it will be retained for at least until the end of the second fiscal year after the end of participation. All other documents are subject to the statutory retention periods. In addition, a record indicating participation in this contract may be stored in the data system of your health insurance company.

In justified individual cases, your health insurance may initiate a review by the Medical Service (MD). If insured-related data required for an expert opinion or audit according to § 275 paragraphs 1 to 3 SGB V has been requested by the health insurance company or the MD from the occupational physician, the occupational physician shall be obliged to transmit this data directly to the MD.

Your data collected and stored for the contract in accordance with statutory requirements will be deleted when it is no longer required to fulfill legal obligations, but no later than 10 years after its collection (§ 304 SGB V in conjunction with § 84 SGB X, Art. 17 GDPR).

## Information on the General Data Protection Regulation (GDPR)

Your insurance and health data is comprehensively protected by law, particularly by federal and state data protection laws and special provisions of the Social Code. Furthermore, the doctor-patient relationship is subject to medical confidentiality, which also applies to the employees of occupational physicians and other professional individuals involved

### **Notice under Article 13 GDPR:**

This insurance information and the following details aim to inform you about the data processing within the framework of using vaccination services provided by the occupational physician before you submit your declaration of consent. The data processing is further explained below, and you will receive additional information regarding your rights under the new GDPR.

You have the legal right to information about your data (Art. 15 Para. 1 and 2 GDPR, §§ 67 ff. SGB X), to erasure (Art. 17 GDPR) and rectification (Art. 16 Sentence 1 GDPR), e.g. of incorrect data and to blocking (Art. 18 GDPR) as well as a right to data portability (Art. 20 GDPR) and a right to lodge a complaint (Art. 77 GDPR). Your doctor is responsible for processing the data.

For the use of vaccination services by the occupational physician, further processing is carried out by Helmsauer Curamed Managementgesellschaft, Nuremberg, which acts on behalf of the German Society for Occupational and Environmental Medicine (DGAUM), Munich

You can contact the following entities regarding the processing of participation and billing data:

1. DGAUM, Schwanthaler Straße 73 b, 80336 Munich, Email: [gs@dagaum.de](mailto:gs@dagaum.de)
2. For Helmsauer Curamed Managementgesellschaft, Nuremberg: Christian Volkmer, Projekt 29 GmbH & Co. KG, Ostengasse 14, 93047 Regensburg, Email: [c.volkmer@projekt29.de](mailto:c.volkmer@projekt29.de)

You also have the right to lodge a complaint with a data protection supervisory authority, in particular with the competent data protection supervisory authority. The local supervisory authority depends on the location of the self-employed occupational physician or the company that employs the occupational physician as part of its occupational health service.

The legal basis for data processing is the treatment contract according to § 132e SGB V as well as Art. 5, 6 paragraph 1 lit. a) and 9 paragraphs 2 lit. a) and h) in conjunction with paragraph 3 GDPR and § 295 SGB V and § 295a SGB V. You can rest assured that your data will be protected against any improper use. All parties involved are subject to medical confidentiality and/or social secrecy.

Your service and billing data will only be processed by your health insurance company to the extent permitted by law. The responsible contact person at your health insurance company, the data protection officer, and their contact details will be provided by your health insurance company or can be found on its website. Complaints about your health insurance company should be directed to a data protection supervisory authority, particularly the locally competent data protection supervisory authority. In the case of nationwide health insurance companies, this is the Federal Commissioner for Data Protection and Freedom of Information, Husarenstraße 30, 53117 Bonn, Tel. 0228 997799-0. In the case of health insurance funds that only operate locally (Allgemeine Ortskrankenkassen, AOK), this is the appropriate locally responsible state commissioner for data protection.

The provision of personal data by you is not legally required. That is, you are not obliged to provide personal data. However, this will result in the inability to use vaccination services provided by the occupational physician.

We wish you all the best.

Kind regards,

**Your Occupational Physician / Occupational Health Service**

