



Data protection declaration

Dear Ms _____

Due to the data protection law (GDPR), we require **prior consent** before carrying out various services. In order to be able to offer you the desired standard and quality of our services, we would be grateful if you would sign the following Informed Consent form.

We assure you that your data will be handled in the strictest confidence.

Informed Consent

I agree that my personal data and necessary information from my patient documentation may be forwarded as required for the following purposes:

- **For the analysis of samples in external medical establishments (laboratories, diagnosis centres, etc.)**
- **For direct billing between patient and laboratory, if samples have to be sent to an external medical establishment and no contract exists with the Austrian health insurer**
- **For forwarding prescriptions**

Personal data protection settings

Please tick those that apply:

I agree that, until revoked, **appointment reminders by text may be sent to the mobile phone number provided by me.**

yes

no

I agree that, until revoked, **appointment reminders by email may be sent to the email address provided.**

yes

no

I agree that, until revoked, my treating doctors and the administrative staff at the Prenatal Centre Vienna may send **all information from my patient documentation (results, diagnoses, pregnancy course, referrals, prescriptions, etc.) encrypted at my request to the email address provided by me.**

yes

no

I request that my results are sent to **my specialist** and agree that results may also be forwarded to my specialist **in an encrypted email.**

yes

no

I understand that the protection and integrity of the data cannot be guaranteed in unencrypted emails.

Vienna, (date)

Signature of patient

