

Declaration of Consent in Accordance with the General Data Protection Regulation (GDPR)

Declaration of consent for patients of Allergieambulatorium W.W. GmbH, Hütteldorfer Straße 44-46, A-1150 Vienna (hereinafter "Allergiezentrum Wien West") regarding optional data processing operations and those that require consent pursuant to Art. 6 Para. 1 Item a and Art 9 Para. 2 Item a GDPR in conjunction with Art. 7 GDPR.

[PLEASE WRITE IN CAPITAL LETTERS]

FIRST NAME patient

SURNAME patient

DATE OF BIRTH (day, month, year)

m f x
GENDER

TELEPHONE NUMBER patient

EMAIL ADDRESS patient

Below you will find a description of various processing operations involving your personal data, which we will only carry out respectively if you have granted us your consent to do so in advance. Please note, in this context, our "**Information sheet on the processing of patient data**", which is displayed in our medical facilities and **must be read together with this declaration of consent**. Your **consent** to the performance of all or any of the following data processing operations is **voluntary and may be revoked at any time with effect for the future without needing to provide reasons**. For more detailed information as well as a **description of your additional rights**, see Point 5 of our information sheet.

Provide consent to all processing operations listed below (please tick)

<input type="checkbox"/> Yes, I would like to receive medical reports/documents online for downloading Declaration of consent to receive documents and findings via online mailbox (Yes, I expressly agree that Allergiezentrum Wien West may send documents to me, in particular examination results and findings, in the form of secure and encrypted transmissions via an online mailbox and may inform me about newly uploaded documents by email).
<input type="checkbox"/> Yes, I would like to receive appointment reminders Declaration of consent to receive appointment reminders (Yes, I expressly agree that Allergiezentrum Wien West may send appointment reminders to my postal address, email address and/or mobile phone number for the purpose of reminding me of and coordinating appointments. This does not refer to any advertising mailings).
<input type="checkbox"/> Yes, I would like to receive information by phone when I call Declaration of consent to receive information by telephone (Yes, I expressly agree that Allergiezentrum Wien West may provide me with general information by phone, in particular regarding how long it will take to furnish findings/documents as well as regarding changes to appointments, that does not contain personal data of special categories within the meaning of Article 9 GDPR or make it possible to draw immediate conclusions about my person, provided that I provide my personal password).

Vienna, on

Date

- for persons aged 18 years and older: Signature of the person
- for children aged 14 years and younger: Signature of a parent or legal guardian as well as of the child
- for children aged under 14 years: Signature of the parent or legal guardian

X

Patient signature

If one parent signs by themselves as the legal guardian, she/he declares with her/his signature that she/he has the sole custody or that she/he acts in agreement with the other parent.