



FIRST APPOINTMENT FORM

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Title	Date of birth
First name	How are you insured?
Last name	<input type="checkbox"/> statutory <input type="checkbox"/> private
Adress	Name of insurance company
Str. & No.
Zip & City	When was your last dental treatment?
Landline
Mobile	When was your last x-ray?
E-Mail

Are you currently taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which ones?		
Do you have any allergies or drug intolerances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which ones?		
Do you suffer from any other illnesses / infectious diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which ones?		
Do you have any cardiovascular problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wear a pacemaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving medical treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certain treatments and methods of treatment may result in co-payments on your part.

- ☐ No, I only wish to receive services that are not subject to co-payments.
- ☐ Yes, I would like to make use of additional services that are not covered by the statutory health insurance.

In any case, a detailed consultation about the costs involved will be given in advance.

If you are unable to keep an appointment, please cancel it at least 24 hours in advance. (Tel.: 069/813402). In case of no-show or later cancellations, a cancellation fee will be charged. Please note our information on handling your personal data on the back.

Place, Date	Signature
-------------------	-----------------



Patient information on data protection (Art. 13, 14 GDPR) (06/2023)

CONTROLLER: Dr. med. dent. Frankfurt Univ. Evgeniy Liebenson, Dentist, Frankfurter Straße 47, 63065 Offenbach am Main, Phone 069 / 813402, Fax 069 / 816624, info@dr-liebenson.de

PURPOSE OF DATA PROCESSING

The controller provides dental services. In order to fulfill this purpose, it is necessary to process personal data. Depending on the specific facts, data processing is carried out to fulfill legal obligations (Art. 6 para. 1 lit. c GDPR) or to fulfill a contract and the associated obligations (Art. 6 para. 1 lit. b GDPR). If the necessary information is not provided, careful treatment cannot be provided.

For the purposes of contacting, customer loyalty, direct marketing, for the assertion, exercise or defense of legal claims, compilation of statistics as well as in the context of compliance processes, we process personal data pursuant to Art. 6 para. 1 lit. f GDPR („legitimate interest“), provided that the interests or fundamental rights and freedoms of the data subject, do not prevail.

If applicable, the processing of personal data is based on your consent (Art. 6 para. 1 lit. a GDPR).

RECIPIENTS OF YOUR DATA

We transmit your personal data only if this is permitted by law. Recipients of your personal data may primarily be other doctors, therapists, associations of panel doctors, health insurance companies, the medical service of the health insurance, medical associations and private medical clearing houses. The information is transmitted for the purpose of billing for the services provided to you, for clarifying medical questions and questions arising from your insurance relationship. In individual cases, data will be transmitted to other authorized recipients. Data may be transferred to third countries on the basis of standard contractual clauses for processing. You can request further information on this free of charge.

STORAGE OF YOUR DATA

Personal data is deleted as soon as its purpose is no longer applicable and there is no obligation to retain it. The retention period complies with legal requirements, e.g. according to § 147 AO (10 years), § 257 HGB (6 years), § 630f BGB (patient files, 10 years) or § 28 para. 3 RöV (X-ray records, 30 years). Shorter or longer storage periods may apply under other regulations.

YOUR RIGHTS

You have the right to obtain access to the personal data concerning you. You may also request rectification of inaccurate data. In addition, under certain conditions, you have the right to have data erased, the right to restrict data processing and the right to data portability). If the processing of your data is based on your consent, you have the right to withdraw consent for future processing. This does not affect the legality of the processing carried out on the basis of the consent until revocation. If the legal requirements according to Art. 21 para. 1,2 GDPR are met, you have the right to object to the processing of your data. You also have the right to lodge a complaint with a data protection supervisory authority. We do not use profiling or automatic decision-making.

Additional information requirements for third-party collection, Art. 14 GDPR

In some cases, we also receive personal data from other doctors or therapists (e.g. in doctor's letters). In these cases, we provide information pursuant to Art. 14 in addition to the above, which is also valid in this case:

Categories of data

Health data

Source of the data

Doctors or therapists with whom you are receiving treatment.