Name of the health insurance

Surname, first name, address and e-mail of the insured person

Register number, Insured person number, status

Establishment number, doctor number, date

Legal representative

Last name

First name, date of birth

Position towards the patient:

☐ Father ☐ Mother

or

Stamp of the dental practice

Declaration of consent

The person(s) hereby expressly affirms that he/she/they has/have sole power of representation or is/are authorised to do so by the person(s) with joint power of representation and agrees that the practice with its therapists is/are authorised to pass on/transmit the information required for the purpose of billing and assertion to teemfactor GmbH, Tutzing, as well as to a banking consortium led by Deutsche Apotheker- und Ärztebank e.G.. This includes, in particular, health-related invoice-relevant data from the patient file, from treatment and cost plans and examinations, as well as the related personal data (name, date of birth, address, findings, treatment data, service numbers, amounts, laboratory data).

I am aware that the practice and its therapists, as well as teemfactor GmbH, process my personal data for the fulfilment of contractual purposes. This includes the legal assignment of the claims arising from the treatment to teemfactor GmbH, as well as, if applicable, their further assignment for refinancing to a bank consortium led by Deutsche Apotheker- und Ärztebank e. G the invoicing by teemfactor GmbH in its own name and for its own account; the possible obtaining of information from the credit protection organisation CRIF Bürgel GmbH, Munich as well as from R+V Allgemeine Versicherung AG, Wiesbaden in order to check my creditworthiness as well as the forwarding of invoicing data to ARZ.dent GmbH in order to clarify any cost unit objections.

With my signature, I authorise the cooperation between the practice, myself and teemfactor GmbH in accordance with data protection regulations. I have also been informed here about the collection of information to check my creditworthiness from the credit protection organisation CRIF Bürgel GmbH, among others.
According to the GDPR, data subjects have the right to be informed about the collection and processing of their personal data. This information fulfils the principle of transparency.For this reason, the credit agencies send notification letters to the person whose data has been stored in accordance with Art. 14 para. 3 letter c of the GDPR, in which the creditworthiness enquiry is explained. This is for information purposes only.

I have also been informed that, as a result of the assignment, a debt-discharging payment can only be made to teemfactor GmbH. I am entitled at any time to exercise my rights to information, correction and deletion within the meaning of Art. 12 et seq. of the Data Protection Regulation (DSVO) both with the practice and its therapists and with teemfactor GmbH. Data Protection Regulation (DSGVO). Further information on data processing can be found as an enclosure or at www.teemfactor.de/datenschutz.

In addition, I release the practice and its therapists from their duty of confidentiality, insofar as this is necessary for the above-mentioned purposes. The release also applies to further treatments. I have the right to revoke the consent in writing to the practice at any time. The revocation of the consent does not affect the lawfulness of the processing carried out on the basis of the consent until the revocation.

Place, date

Signature