



Adressaufkleber

wird am Anmeldeschalter aufgeklebt

DECLARATION OF CONSENT

Information regarding data protection and declaration of consent

Your medical data is protected by the Data Protection Act. At the Medical-Radiological Institute (MRI) this mainly encompasses images and reports relating to these images. With your signature, you confirm that you agree to processing in accordance with our data protection declaration (under <https://mri-roentgen.ch/privacy-policy/> or which can be downloaded on the right via the QR code).



In particular, you agree to the following processing:

- I confirm that the MRI is authorised, until revocation, to request preliminary investigations and reports about me and to pass on my investigations and reports to physicians and hospitals involved in my subsequent care on request.
- I declare my agreement to the necessary data being passed on to my health insurance office / insurance company in order to evaluate the payment obligation and for invoicing purposes. Recourse can be had to a lawyer in the case of legal issues. Legal professionals shall also be subject to the secrecy obligation.
- I declare my agreement to the MRI sending personal information to me at my personal email address or by SMS to my mobile telephone number in unencrypted form. My email address and the mobile telephone number which are printed at the top right are correct.
- The treatment, contracts and all legal relationships between the patient, the physician and MRI are subject solely to Swiss material law, to the preclusion of any conflict-of-law rules. The sole place of jurisdiction is the court of general jurisdiction in Zurich.

Place, date:

Patient signature:

Declaration for the use of health-related personal data for research purposes

Research makes a significant contribution to the improvement of medical quality and thus future medical treatment. With my signature:

- I consent to my health-related personal data which originates from medical treatment or which is otherwise available being used for research purposes with strict compliance with confidentiality;
- I understand that my consent is voluntary and that I am able to refuse or revoke this at any time without providing a justification;
- I understand that my data can be used for research aid is protected by corporate, technical and organisational measures. We shall ensure that as few individuals as possible have access to your personal identifying information (name, address, date of birth, etc.). We shall encrypt your data for this purpose. This means that any data which could identify you is replaced by a code. Only individuals who have access to the code list can identify you. If we pass your data on to third parties for research purposes, this data is always encrypted or anonymised, i.e. third parties will not have access to your identity at any time.

I agree to my data being used for research purposes: ☐ Yes ☐ No

Place, date:

Patient signature: