**Ordination Nestroyhof Dr. Nikolaus Budas, Dr. Claudia Atteneder und Dr. Sonja Huppmann**

Data Privacy Statement:

* I agree until canceled that my attending physician Dr. Nikolaus Budas, Dr. Claudia Atteneder or Dr.Sonja Huppmann may pass on my personal data and necessary medical information to doctors, hospitals and medical institutes involved in my treatment and to public and (if in charge) private insurancecompanies.
* I agree until canceled that Dr. Budas, Dr. Atteneder or Dr. Huppmann my interrogate my elsewhere stored, encrypted medical data in externa linstitutions (laboratories or the like), if that is essential for my treatment and access is authorized (password).
* I agree until canceled that informations out of my patient´s documentation (thus informations about my anamnesis, diagnosis, extent and manner of treatment, medication, case history) may be sent unencryptedly to the following E-mail-address:

In case of normal e-mailing, I accept that my data could become visible to unauthorized persons and that the data could be modified. I am aware that this could lead to disclosure of my state of health.

This consent can be retracted at any time. The legitimacy of the data-processing stays valid until the receipt of the cancellation.

Date: Name:

Signature: