

Declaration of consent in the collection and processing of data by the HIDREX GmbH according to the Data Protection Act

The data collected, in particular names, addresses, telephone numbers, e-mail addresses, bank details, information about patients, information on health status and information about the attending physicians are saved by HIDREX and can only be viewed by authorized persons.

HIDREX hereby guarantees that the collection and processing of mentioned data by HIDREX occurs on the basis of applicable laws, is necessary for the conclusion of the contractual relationship and is used exclusively for the fulfillment of the contract. The transfer to third parties (e.g. health insurance companies, Billing Offices) takes place only in the extent, which is necessary or legally required to fulfill the contract

Duration of Storage

Within legal limits, in particular the statutory retention periods, your data will be deleted after the termination of the contract. For legal defense of possible claims for damages, the deletion periods may be extended accordingly.

Rights on Information, Rectification, Erasure and Right to Object

On request, you will receive precise information about the scope of our data collection. You can request the rectification or erasure of your data. In addition, you can, without giving reasons, make use of your right to object and change or completely revoke your Declaration of Consent granted for the future use. Apply your objection or request by letter, e-mail or fax to the address below. You can also request a data transfer if you want us to transfer your data to a third party. This can result in costs.

Consequences of not signing

You have the right not to agree to this Declaration of consent. Please be aware that without the collection and processing of the data the fulfillment of the contract is not possible

Contact

For Complaints, requests for information and other concerns, please contact:

HIDREX GmbH
Data Protection Officer – Mr. Marc Overesch
Otto-Hahn-Straße12
42579 Heiligenhaus
Germany
E-Mail: info@hidrex.de
Fax: +49 (0) 2056 - 98 11 31

Agreement of the signatory

I agree to the collection and processing of my data as specified in this declaration of consent by the HIDREX GmbH. I was informed about my rights.

Surname: _____ First Name: _____

Please fill out in printed or type font

Date, signature (Patient or legal representative)