

PERSONAL INFORMATION

PLEASE RETURN THE FORM TO THE FOLLOWING ADDRESS: BIRSHOF.EMPFANG@HIRSLANDEN.CH

MRS/MS **MR**

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ E-MAIL _____

STREET AND NO. _____ TAX CANTON _____

POSTCODE AND PLACE OF RESIDENCE _____ MARITAL STATUS _____

NATIONALITY _____ MOBILE NO. _____ TELEPHONE (H) _____

TELEPHONE (W) _____ AHV NO. _____

FAMILY DOCTOR (ADDRESS) _____

REFERRING DOCTOR _____

Please ensure that you provide the contact details of your specialist and your family doctor so that the hospital can inform them about your stay.

REFERRED BY
 SPECIALIST FAMILY DOCTOR SELF-REFERRAL

DO YOU WISH YOUR FAMILY DOCTOR TO BE INFORMED? YES NO

TREATED BY _____ BODY PART _____

ILLNESS

BASIC HEALTH INSURANCE COMPANY GENERAL CANTON OF RESIDENCE GENERAL SWITZERLAND-WIDE

NAME / ADDRESS _____

POLICY NO. _____

SUPPLEMENTARY HEALTH INSURANCE COMPANY SEMI-PRIVATE PRIVATE

NAME / ADDRESS _____

POLICY NO. _____

ACCIDENT I have already reported the accident/relapse to my insurance company.

COMPULSORY ACCIDENT INSURANCE COMPANY GENERAL

NAME / ADDRESS _____

INJURY NO. _____ POLICY NO. _____

DATE OF ACCIDENT _____

SUPPLEMENTARY ACCIDENT INSURANCE COMPANY SEMI-PRIVATE PRIVATE

NAME / ADDRESS _____

INJURY NO. _____ POLICY NO. _____

Please also provide us with the contact details of your health insurance company if the costs are to be borne by the compulsory accident insurance.

OCCUPATIONAL ACTIVITY

NAME / ADDRESS OF YOUR EMPLOYER _____

DO YOU WORK MORE THAN 8 HOURS PER WEEK? YES NO

BUSINESS ADDRESS FOR SELF-EMPLOYED PEOPLE _____

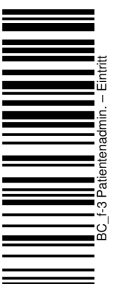
NEXT OF KIN/LEGAL REPRESENTATION
 Person who may be privy to information in cases of need/emergency.

RELATIONSHIP _____

LAST NAME _____ FIRST NAME _____

ADDRESS/POSTCODE/PLACE OF RESIDENCE _____

TELEPHONE (H) _____ TELEPHONE (W) _____



TREATMENT/HOSPITAL ADMISSION AGREEMENT («AGREEMENT»)

Dear patient,

This Agreement serves as the legal basis for your admission, including all treatments, examinations and procedures. It also explains how we will handle your data. It may therefore seem complicated, however, it is essential for the organisational and financial processing of your stay and treatment, and for your personal care. It is very important to us that you understand the aspects that are relevant to you, and that you confirm this by affixing your signature.

Legal

You enter into an agreement by affixing your signature. Your rights and obligations as a patient in the hospital are largely regulated by current laws (e.g. in cantonal patient legislation). On request, we will gladly provide information on the legal provisions.

Please note that liability on the part of independent affiliated doctors is separate from that of the hospital. The hospital is responsible for providing accommodation, meals and nursing care. Medical care is the subject of a different agreement between the responsible affiliated doctor and yourself.

Cost coverage

The hospital is a private hospital. It is included in the hospital list of this canton and several other cantons. The treatment and accommodation costs may be partly or fully covered by the compulsory health insurance. Supplementary insurance with adequate cover is required for costs which may not be covered. Using the information provided by you, the hospital will (unless otherwise agreed) apply to your insurance company to have your treatment costs covered; however, it cannot guarantee that the application will be accepted. If additional medical specialists become involved, a separate invoice may be issued.

Services will be invoiced in accordance with existing agreements with health insurance companies. If there is no agreement with an insurance company or no insurance cover at all (self-payer), you must bear the uninsured costs yourself. We will be glad to provide you with a cost estimate on request. If you do not provide the hospital with evidence of sufficient insurance coverage prior to your admission, the hospital may ask for a sufficient deposit or deny admission.

Please check your insurance cover for this hospital stay, in particular the services you wish to claim in addition to those which go beyond the required statutory services, and submit a copy of the health insurance certificate from your health insurance company. As policyholder, you are responsible for ensuring that you have sufficient insurance coverage; as you will be personally liable for paying for any shortfalls in coverage.

Data protection

A. Information on the use and processing of your personal and medical data

1. General information

- a. We compile, collect, edit and store all the data that you provide to us and that is required to comply with the terms of the Agreement. This can also include various kinds of patient data provided by companions, relatives, referring doctors, agents or affiliated doctors.
- b. Administration of your examinations/treatments is handled by Hirslanden Corporate Office, Boulevard Lilienthal 2, 8152 Glattpark (centralised administration) or by the hospital. We send the personal and medical data required for administration to the respective units. For the collection of payments, the assignment of claims and in the case of disputes arising from the treatment contract, your data may be passed on to third parties such as debt collection agencies, commissioned third parties, as well as to authorities such as debt enforcement agencies, bankruptcy offices and courts.
- c. It may also be necessary to pass on your patient data (e.g. patient file with nursing, operation and discharge reports) to external bodies (e.g. the insurance companies mentioned on page 1) in connection with obtaining confirmation of cost coverage, invoicing and outsourced external treatments (hospitals, rehabilitation facilities, etc.).

2. Involving other doctors and presenting medical data at case conferences:

Your medical data, including medical images, is stored electronically and can be viewed by other parties involved in your treatment, such as doctors, affiliated doctors and possibly other hospitals or accredited practices of the Hirslanden Group in Switzerland, as well as radiologists in neighbouring countries (teleradiology reporting), provided that this is necessary in the course of your treatment. For the purposes of planning your individualised, interdisciplinary therapy, your medical data may be presented at case conferences (if necessary, including external medical experts, tumour/vascular board meetings and other such gatherings). This allows us to comply with cantonal/intercantonal regulations and legal requirements.

3. Medical registers play an important role in quality assurance. We are subject to statutory reporting requirements that require us to disclose personal data in anonymous form to medical registers (clinical and epidemiological registers), cost carriers (insurance companies, cantons) and the Federal Statistical Office, among others. At cantonal level, non-anonymised data is sent to the registers (e.g. law on registering cancer cases). Your attending doctor can provide you with more information.

By signing the Agreement, you agree to allow your personal and medical data to be used for the purposes outlined in sections 1 to 3.

B. Video surveillance at the hospital

The video surveillance system monitors hazard-prone areas to protect patients, visitors, the hospital and its staff against burglary, theft, trespass, vandalism and harassment or anything else that might jeopardise security and personal safety. The purpose of the video surveillance system is to deter potential perpetrators and to clarify the situation in the event of any incident. Video data is saved for a limited period of time.

In specialised areas such as the ICU and operating theatres, the video systems are used to monitor and control processes and to assist staff. This type of video data is not stored.

Video-monitored areas are visibly marked for all parties concerned.

C. Contact, information, rights (revocation, correction, transmission, limitation, deletion, appeals)

If you have any questions, please speak with your doctor. You may revoke your consent to the use of your personal data at any time in the future at no extra cost (revocation, see above), request information about the personal data that we have stored about you, and have the data deleted, provided that this does not conflict with any statutory retention obligations. Under certain circumstances, you also have the right to lodge a complaint with a relevant data protection supervisory authority. If you have any questions concerning data protection, you can contact us by sending an email to datenschutz@hirslanden.ch.

Place of jurisdiction

The courts at the location of the registered office of the hospital shall be responsible for all legal disputes between patients and the hospital. Swiss law shall apply exclusively.

By signing the Agreement, you agree to allow your personal and medical data to be used for the purposes outlined above and acknowledge that you are aware of the video surveillance system.

Place, date: _____ Signature: _____

REQUEST FOR CONSENT TO USE YOUR MEDICAL DATA AND BIOLOGICAL MATERIAL FOR MEDICAL RESEARCH

Dear patient,

Advances in medicine depend on scientific research. To conduct such research, researchers require medical data and biological material (samples) from both healthy and sick persons. We must therefore ask your permission to use your data and samples in encrypted and/or anonymised form for the purposes of medical research. Encryption and anonymisation ensure that your data cannot be traced back to you.

What does «your consent» mean?

When you give your consent, your data and samples may be used for future medical research projects in Switzerland and abroad in compliance with the applicable data protection regulations (Federal Act on Data Protection FADP, EU General Data Protection Regulation GDPR). Your consent applies to all the data that has already been collected or will be collected in future by the hospital. The same applies to samples.

What data and samples are used?

Your personal data (e.g. age and gender) and data from your medical history that are collected as part of your examinations or treatment at the hospital are utilised. This includes potential risk factors, results from clinical examinations and imaging as well as laboratory tests. These samples are residual material (e.g. blood, urine, tissue) that would be stored or otherwise destroyed.

Are the research projects reviewed by an ethics committee?

Research projects conducted in Switzerland must be approved by the relevant independent ethics committee. The ethics committee also audits compliance with all data protection requirements.

What are the benefits and risks?

If you make your data and samples available for research purposes, there is no direct, personal benefit to you. However, you will be making an important contribution to medical research. Should the results indeed be relevant to your personal health, you will be informed of this whenever possible (this is not possible for research done with anonymised samples). The risks are minimised to the greatest possible extent through data protection measures. For encrypted data, the key (list of codes corresponding to individual persons) remains at our hospital and is protected by strict security measures.

Can you revoke your consent?

You have the right to revoke your consent at any time and for any reason. This revocation has no effect whatsoever on your subsequent medical treatment and care. If you revoke your consent, your data and samples that are being used in a research project that is already in progress may still be used until the project is complete.

If you have any questions, please speak with your doctor. Further information is available on our website under Research and Education.

I consent to having my medical data and samples used for research:

Yes No

Place, date: _____ Signature: _____

Send*

* Please return the completed admission form without your signature.
The form will be signed at the reception desk of Hirslanden Klinik Birshof.