

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) _____



Dear patient,

This form serves as the legal basis for your treatment. Your rights and obligations as a patient at the medical facility are largely regulated by current laws (e.g. in cantonal patient legislation). Treatment can be performed by staff doctors or independent doctors who work in the medical facility. Liability on the part of independent doctors is separate from that of the Hirslanden Group.

Statutory services are billed to your health insurance company in accordance with the applicable legal provisions. The patient is responsible for paying for any services that are non-statutory or otherwise not covered by their insurance. 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.

We compile, save and process all data that you provide to us and that is required to comply with this Agreement. This can also include patient data provided by companions, relatives, referring doctors, agents, or affiliated doctors. We send the personal and medical data required for administration to Hirslanden Corporate Office, Boulevard Lilienthal 2, 8152 Glattpark. 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 debt collection agencies, commissioned third parties, as well as to government authorities and courts. It may also be necessary to disclose your patient data and medical reports to external bodies in connection with invoicing, external treatments or requests for confirmation of cost coverage.

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.

We are subject to statutory reporting requirements, including to medical registers that require us to disclose personal data in anonymous form, e.g. to the Federal Statistical Office. At cantonal level, non-anonymised data is sent to the registers (e.g. law on registering cancer cases).

If possible, the radiology staff will notify you by SMS or email regarding upcoming appointments and allow you to access your results on the web portal. We recommend that you discuss the results with your attending doctor. Rooms and doors may be under video surveillance for the safety of patients, visitors and staff. Video recordings are stored for a limited period of time.

Your anonymised radiology data may be analysed and disclosed under strict conditions for the purpose of quality assurance.

I consent to the potential analysis of my anonymised radiology data for research purposes.

Yes No

If you have any questions, please speak with the medical staff.

You may revoke your consent to the use of your personal data at any time in the future at no extra cost, 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.

The medical facility is under the jurisdiction of the local courts. Swiss law shall apply exclusively.

By signing this document, you consent to the use of your personal and medical data for the purposes outlined above.

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.