

CID bar code

HIRSLANDEN

ST. ANNA IM BAHNHOF



OUTPATIENT Admission Form

PID:	CID:	Date:	Reason for admission: ☐ Illness ☐ Accident ☐ Preventive care
Personal details (as shown on official document)			
Last name:	First name:	Date of birth:	
Full name at birth:	Nationality:	Gender: ☐ Female ☐ Male	
OASI no. (social security no.):		Religion/belief:	
Marital status:	Residence permit category (e.g. B/C/L/G/N):		
Domicile under civil law			
Street address:	Postcode, town/city:	Country:	
Home tel.:	Mobile no.:	Work no.:	
Email:	☐ No email address	Place of origin:	
Contacts (these individuals must be contactable during your stay in the hospital)			
Last name, first name:	Relationship to patient:	Address:	Telephone:
Doctors (names and addresses)			
Family doctor:			
Referring doctor:			
Your health insurance details			
☐ Basic health insurance (KVG/UVG/IVG/MVG) ☐ Supplementary insurance ☐ Self-payment with no insurance cover		Name of insurance company:	Insurance/policy/ruling number:
		-	-
If admission is due to an accident			
Date of accident:	Employment status: ☐ Employed ☐ Self-employed ☐ Not employed/retired		
Claim no.:	Employer at time of accident:		
Other addresses, if different			
Address for correspondence:			
Billing address:			



Treatment contract

Dear patient,

Legal information

This form is the contractual basis for your treatment. Your rights and obligations as a patient of the medical facility are subject to extensive legal regulation (e.g. under the *Patientengesetz* – patients' charter – for the relevant canton). Your treatment may be provided either by doctors who are employed by the hospital (known as 'hospital doctors') or by independent doctors ('partner doctors'), working at the medical facility. The liability of the independent doctors is separate from the liability of the Hirslanden Group. You can check whether someone is a partner doctor or a hospital doctor on our website (www.hirslanden.ch).

Assumption of costs and insurance

Compulsory services are calculated in accordance with the legal basis of your health insurance company. For non-compulsory services, or if you have insufficient insurance coverage, the self-payment principle applies, i.e. you bear the costs. As the policyholder, you are responsible for sufficient insurance coverage and bear the cost risk in the case of any restrictions on coverage.

Data protection

By signing this contract, you agree to the processing of your personal and medical data for the purposes outlined in the patient information (available to view at www.hirslanden.ch/privacy). There, you will also find information on video surveillance in the hospital, as well as the Privacy Policy, which contains further information on data processing at the Hirslanden Group.

Consent to collect and share personal data

In connection with the preparation of your treatment and for any subsequent treatment (e.g. in hospitals, rehabilitation facilities, etc.), it may be necessary for Hirslanden AG, its hospitals and institutes, the doctors attending you or their auxiliary personnel to collect data (e.g. image data or the patient's file containing nursing, surgical and discharge reports) from external parties (e.g. other service providers, social or private insurers, relatives, etc.). By signing this contract, you release these external parties from their professional secrecy and confidentiality obligations in relation to the purposes specified here.

In connection with the preparation of your treatment, with the request for a cost reimbursement guarantee, with billing and for any subsequent treatment (e.g. in hospitals, rehabilitation facilities, etc.), it may be necessary for your medical data (e.g. image data or the patient's file containing nursing, surgical and discharge reports) to be shared with external parties (e.g. referrers, other service providers, social or private insurers, public authorities). In addition, the personal and medical data that is necessary for administration is shared with the relevant parties. For the purposes of credit checks (for self-paying patients), invoicing and collection of fees, assignment of claims and in case of disputes arising from the treatment contract, your data may be shared with third parties such as collection agencies, contracted third parties, etc., as well as with public authorities such as debt enforcement or bankruptcy agencies, courts, etc. Finally, your data may be disclosed to our contractual partners (IT service providers or product manufacturers) as part of the operation, maintenance and support of our information systems and for the purpose of maintaining and supporting medical equipment, although the data is usually encrypted. By signing this contract, you release Hirslanden AG and all its hospitals and institutes, your attending doctors and their auxiliary personnel from their professional secrecy and confidentiality obligations in relation to the purposes specified here.

Place of jurisdiction

The courts at the domicile of the medical facility shall have jurisdiction. Swiss law shall be exclusively applicable.

By signing the treatment contract, you accept the contractual conditions outlined above.

Place, date: _____ Signature: _____