

Chiropraktik Engadin GmbH

Dr. med. chiro. Marina Locher
Fachchiropraktikordin SCG/ECU
Plazzet 25 • CH-7503 Samedan

Tel 0041 (0)81 850 05 07

www.chiropraktikengadin.ch • chiroengadin@hin.ch



**Welcome to the office Chiropraktik Engadin.
We would like to thank you for your trust.**

Contact details

Family name	First name
Date of birth	Material status
Telephone (private, mobile, buissnes)	E-Mail
Home address (streetname and housenumber)	Postcode, City
Work/Job	Employer
Health / Travel insurance	police number
In case of accident: Insurance and damage report number	
Family doctor (name, address)	Date of last visit
Recommended/assigned by	Contact person (name, telephone number)

Insurance model (please thick)

- free choice of medial doctor/other
- Family doctor-/HMO-Modell or similar
- Telmed/First Call/Medgate or similar

I confirm with my signature that I agree with the processing of my data, the access to the data by the chiropractor as well as the passing on of the data to third according to the patient information on the following page.

I am aware of the possible risks of the exchange of particularly sensitive personal data (possible access by unauthorised third parties in the case of insecure communication channels) as well as my rights and give my consent to the mutual contact between my chiropractor and myself as a patient through the contact information provided above. Patient information will only be passed on by the Chiropractic Practice via secure communication channels. I agree that administrative requests such as rescheduling appointments may be made using unencrypted e-mail communication (@to address to recipient address such as @bluewin.ch, @gmail.com etc.).

I hereby authorize you to obtain or pass to other medical staff x-ray, reports, and other medical information. I also allow the sending of the required information for invoicing to the responsible insurer or health insurance company. I also allow the sending of required information to institutions charged with incidental debt collection or related legal entities and state agencies. In case of disputes arising from treatments by practitioners of Chiropraktik Engadin GmbH the tribunal will be the local Samedan tribunal, place of the practice.

Date

Signature

please turn

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Patient information on the handling of personal data

Below we inform you about the purpose for which Chiropraktik Engadin GmbH collects, stores or forwards your personal data. In addition, we inform you about your rights, which you can exercise within the framework of data protection.

Responsibilities The responsible body for processing your personal data and in particular your health data is the practice. If you have any questions about data protection or if you wish to exercise your rights under data protection, please contact the practice staff or your chiropractor directly.

Collection and purpose of data processing The processing (collection, storage, use and retention) of your data is based on the treatment contract and legal requirements for the fulfilment of the purpose of treatment and the associated obligations. The collection of data is carried out on the one hand by the treating chiropractor. The collection of data is carried out on the one hand by the treating chiropractor. On the other hand, we also receive data from other chiropractors. Chiropractor and health professionals with whom you have received or are receiving treatment, if you have given your consent for this. Only data related to your medical treatment will be processed in your medical history. The medical history comprises the personal information provided on the patient form, such as personal details, contact details and insurance details, as well as, among other things, the informative interview carried out as part of the treatment, health data collected, such as medical histories, diagnoses, therapy proposals and findings.

Duration of storage Your medical record will be kept for 20 years after your last treatment. After that, with your express consent, it will be retained or securely deleted or destroyed.

Passing on the data We only transfer your personal data, and in particular your medical data, to external third parties if this is permitted or required by law or if you have consented to the transfer of the data as part of your treatment.

- The data is transferred to your health insurance company or to the accident or disability insurance company for the purpose of billing for the services provided to you. The type of data transmitted is based on the legal requirements.
- Disclosure to cantonal and national authorities (e.g. cantonal medical service, health departments, etc.) is based on legal reporting obligations.
- Optional: The transfer of the necessary patient and invoice data to the collection agency is for the purpose of collection (collection of due monetary claims).
-

In individual cases, depending on your treatment and your corresponding consent, data is transferred to other authorised recipients (e.g. laboratories, other doctors).

Revocation of your consent If you have given your express consent for data processing, you can revoke consent already given in whole or in part at any time. The revocation or the request to change consent must be made in writing. As soon as we have received your written revocation and the processing cannot be based on any other legal basis than consent, the processing will be stopped. The legality of the data processing carried out until the revocation remains unaffected by the revocation.

Information, inspection and surrender You have the right to obtain information about your personal data at any time. You can inspect your medical history or request a copy. There may be a charge for providing a copy. You will be informed in advance of any costs, which depend on the time and effort required to make the copy.

Right to data transmission You have the right to have data that we process automatically or digitally handed over to you or to a third party in a common, machine-readable format. This also applies in particular to the transfer of medical data to a health professional of your choice. If you request the direct transfer of the data to another person responsible, this will only be done insofar as it is technically feasible.

Correction of your information If you find or consider that your data is incorrect or incomplete, you have the possibility to request a rectification. If neither the correctness nor the incompleteness of your data can be established, you have the option of attaching a notice of dispute.

Date

Signature

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Health information

1. Are you currently taking medication? Which and in what dosage?

2. Did you had surgery? What, when(year) and where?

3. Have you had any accidents any fracture or other serious injuries (car accident, sprots accident, etc.? What and when (year)?

4. Have you ever or are you now suffering from serious or chronic illness? What and since when?

5. Do you have allergies? If yes which?

6. Are you currently pregnant?

- Yes, I am in the ____ pregnancy week
 No

At the initial consultation you will be informed by your chiropractor about the findings, diagnosis and appropriate treatment options.

Chiropractic treatment is basically safe, but treatment reactions such as transient local tension can occasionally occur. Adverse effects are possible, as with all medical treatments, but are rare in the chiropractic treatment. Serious complications following manipulation of the cervical spine have been isolated reported in the literature. However, recent scientific studies could not confirm a direct causal relationship. For questions, our staff will be happy to help.

The Federal Health Insurance Act (KVG) stipulates that patients must be given a copy of the invoice from the service provider. The copy of the invoice is sent by e-mail.

Date

Signature
