

Doctor's Stamp (Responsible)

## Important information about your private liquidation

(Art. 12 ff. DSGVO i. V. m. §§ 32 ff. BDSG - new)

Dear patient,

Please take a moment to read this document for your own interest.

In the course of your treatment data about you is generated / gathered which we must sufficiently process to be able to fulfill your treatment contract. Under observance of the respectively applicable data protection regulations these can or must be passed on to third parties (e.g. laboratories, referring doctors) as necessary. We will only pass your personal data to third parties if it is legally permitted or you have given your consent.

For invoicing of services rendered to you, we intend to commission Privatärztliche Verrechnungsstelle Limburg-Lahn GmbH, Auf der Heide 2, 65553 Limburg (short: PVS Limburg).



This professional union of the medical fraternity was founded in 1924 with longtime experience in settlement of medical fees. Purpose of this cooperation is to reduce our administration in accounting matters. This gains us more time which we can use for optimum care of our patients. The invoicing and liquidation is conducted according to our specifications.

Recipient of the data is PVS Limburg. PVS Limburg as professional bearer of secrets is - just as we are ourselves - subject to the legal requirements of medical confidentiality and data protection. For all questions concerning the invoice you may reach PVS Limburg as your competent contact partner at the address stated above, by telephone: 06431/9121-0 or E-Mail: [info@pvs-limburg.de](mailto:info@pvs-limburg.de).

We kindly ask you to read the declaration of agreement on the back and to grant us your consent with the procedure as outlined for settlement of fee and especially of the passing on of your medical data required for this. Your consent is **voluntary**. Your treatment does not depend upon this declaration of agreement!

The medical data processed by PVS Limburg are locked after purpose has been served and deleted after expiration of the legal retention periods. You are legally entitled to receive information about your personal data. You are entitled to demand amendment of incorrect data. Additionally - under certain conditions - you are rightfully entitled to deletion of data, limitation of processing as well as the right of data portability. Please direct all inquiries concerning data protection directly to the data protection officer of PVS Limburg ([datenschutz@pvs-limburg.de](mailto:datenschutz@pvs-limburg.de)).

Additional information concerning data protection at PVS can be retrieved via [www.pvs-limburg.de/transparenz](http://www.pvs-limburg.de/transparenz). (german)

You are additionally entitled to file a complaint at the responsible supervisory authority for data protection should you consider the processing of your personal data has taken place illegally. Contact information of the responsible supervisory authority:

Der Hessische Beauftragte für Datenschutz  
und Informationsfreiheit  
Postfach 3163, 65021 Wiesbaden  
E-Mail: [Poststelle@datenschutz.hessen.de](mailto:Poststelle@datenschutz.hessen.de)

Thank you for your confidence!

Surname, name and address of the patient

born on \_\_\_\_\_

Mandatory field – For printing or filling out manually

**Optionally legal representative\***

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Date o. b.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position to the patient:

Father                       Mother                       Carer

Or \_\_\_\_\_

## Declaration of Agreement

1. I agree to the passing on of information and especially of information taken from the patients files (name, date of birth, address, diagnosis, examination and treatment data) for the purpose of accounting and invoicing as well as to the assignment of claims for purpose of accounting and invoicing to the Privatärztliche Verrechnungsstelle Limburg-Lahn GmbH (short: PVS Limburg), Auf der Heide 2, 65553 Limburg.
2. I agree that PVS Limburg will invoice services of my chosen private consultant physician as well as the physicians involved in treatment in course of the chain of chosen private consultant physicians in own name and will collect these to own account. Should there exist differing opinions about validity of claims I also agree to passing on of additionally required data taken from the patients files for the purpose of justification of claims. In the event of possible legal dispute PVS Limburg is litigant. My chosen consultant physician as well as all physicians involved in course of the chain of chosen private consultant physicians resp. the hospital administration may be summoned as witnesses. Insofar I discharge the chosen consultant physician, the physicians involved in treatment in course of the chain of chosen private consultant physicians as well as the hospital administration from their medical confidentiality.
3. This declaration also applies for claims resulting of future treatment(s). The declaration of agreement towards the physicians or the hospital administration or PVS Limburg may be revoked at any time in written form with effect for the future. The legal validity of previously performed processing based upon the declaration of consent is not affected by revocation of consent. In the event of revocation no further transfer of data between us and PVS Limburg will take place.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of patient / authorized representative / legal custodian\*\*

\* In respect to persons under the age of 18 / incapable person / limited legal capacity

\*\* If only one parent signs for a minor this parent expressly assures consent of the other parent / legal custodian is given

**Die PVS / Limburg-Lahn**  
Auf der Heide 2  
65553 Limburg

**ANTWORTFAX: 0 64 31/91 21-21**

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Senden Sie mir/uns:

Englische Blöcke à 100 Stück
Einwilligungserklärung zur Datenweitergabe

Mitgliedsnummer
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Arztstempel (Verantwortlicher)
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Ort/Datum

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Unterschrift