



Declaration of consent for the collection and sharing of patient data

I hereby consent to the collection and sharing of my patient data by the Radiologie im City Plaza Stuttgart. A data protection information sheet in german language is available at the practice concerning the extent and type of data collected, the laws the data collection is based on and the option of objecting to the data collection.

Yes (please cross), I consent to the following

- my medical information, images and reports can be requested from other doctors and healthcare providers for the purpose of documentation or further treatment
- my medical information and reports can be shared with my treating doctors and healthcare providers

I am aware that I can partially or completely withdraw this consent at any time for the future in writing.

A copy of the informed consent and the personal information from signed at registration can be requested on site or via e-mail from the data protection representative Ingrid Goldberg: goldberg@radiologie-city-plaza.de or by phone telefonisch 0711 699 481-25.

Stuttgart,

Place, date

Signature of patient or legal representative