

Registration for children or teenagers up to 18 years old

Patient

First Name(s)	<input type="text"/>
Last Name	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Language(s)	<input type="text"/>

Basic Insurance
Card Number 80756 <input type="text"/>
<small>(if you do not yet have an insurance card, please attach a copy of the policy)</small>
Supplementary Insurance, if applicable
Card Number 80756 <input type="text"/>

Siblings	<input type="text"/>
(name + date of birth)	<input type="text"/>
	<input type="text"/>
Correspondence to	<input type="checkbox"/> Father or <input type="checkbox"/> Mother

Further information about the patient, if available

Mobile Phone	<input type="text"/>
Mail	<input type="text"/>
Allergies	<input type="text"/>
Profession	<input type="text"/>
Employer	<input type="text"/>

Registration

<input type="checkbox"/> First appointment after birth
<input type="checkbox"/> School health check
<input type="checkbox"/> Substitution / emergency service
<input type="checkbox"/> Change of family doctor
<input type="checkbox"/> Periodic verification of personal data

Father

First Name(s)	<input type="text"/>
Last Name	<input type="text"/>
Date of birth	<input type="text"/>
Private Phone	<input type="text"/>
Business Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Mail	<input type="text"/>
Street	<input type="text"/>
ZIP Code / City	<input type="text"/> <input type="text"/>
Profession	<input type="text"/>

Date	<input type="text"/>
Signature	<input type="text"/>

How did you hear about our practice?

<input type="checkbox"/> Recommendation from acquaintances
<input type="checkbox"/> Recommendation from another practice/hospital
<input type="checkbox"/> Family Members Already in the Practice
<input type="checkbox"/> Internet
<input type="checkbox"/> others:

Mother

First Name(s)	<input type="text"/>
Last Name	<input type="text"/>
Date of birth	<input type="text"/>
Private Phone	<input type="text"/>
Business Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Mail	<input type="text"/>
Street	<input type="text"/>
ZIP Code / City	<input type="text"/> <input type="text"/>
Profession	<input type="text"/>

Date	<input type="text"/>
Signature	<input type="text"/>

General Terms and Conditions:

Appointments that are not canceled at least 24 hours in advance may be charged to your account. We kindly ask for timely notification. **Invoices** will be sent electronically to the insurers via a specialized partner company (MediData). The security standards comply with e-banking. For environmental reasons, we do not send paper **copies of invoices**. Invoice copies can be downloaded via a login (a link will be sent to you via email). **By this, you confirm the accuracy of the provided information** and explicitly agree that collection or enforcement agencies may be informed about this treatment should the invoice remain unpaid. You accept the applicability of Swiss law and the jurisdiction at the registered office of Ärztezentrum Kloten AG.

Data Protection Regulations According to the Recommendations of the FMH (Professional Association of Swiss Physicians)

Genera

I confirm with my signature that I agree to the processing of my data, access to the data by the doctor, and the sharing of the data with third parties in accordance with the patient information on the following page.

I am aware of the potential risks of exchanging particularly sensitive personal data (possible access by unauthorized third parties through insecure communication channels) as well as my rights, and I consent to mutual contact between my doctor and me as the patient through the contact information provided above. Patient information will only be shared by the doctor's practice through secure communication channels. I agree that administrative matters, such as appointment changes, may be conducted via unencrypted email communication (from the sender address to recipient addresses like @bluewin.ch, @gmail.com, etc.). The Federal Health Insurance Act (KVG) stipulates that patients receive a copy of the doctor's bill.

Patient Information on Handling Personal Data

Below, we inform you about the purposes for which the above-mentioned medical practice (hereinafter referred to as "the practice") collects, stores, or transmits your personal data. Additionally, we inform you about your rights that you can exercise in the context of data protection.

Responsibilities

The responsible entity for the processing of your personal data, particularly your health data, is the medical practice. If you have questions regarding data protection or if you wish to exercise your rights under data protection law, please contact the practice staff or directly reach out to your doctor.

Collection and Purpose of Data Processing

The processing (collection, storage, use, and retention) of your data is carried out based on the treatment contract and legal requirements to fulfill the purpose of treatment and the associated obligations. Data is collected by the treating physician as part of your treatment. Additionally, we also receive data from other doctors and healthcare professionals with whom you have been or are receiving treatment, provided you have given your consent. Only data related to your medical treatment is processed in your medical history. The medical history includes personal information recorded on the patient form, such as personal details, contact information, and insurance details, as well as information gathered during the treatment, such as the informed consent discussion, health data including medical history, diagnoses, treatment proposals, and findings.

Duration of Retention

Your medical history will be kept for 20 years after your last treatment. After this period, it will either be retained with your explicit consent or securely deleted or destroyed

Disclosure of Data

We will only transmit your personal data, especially your medical data, to external third parties if this is legally permitted or required, or if you have consented to the sharing of the data as part of your treatment.

The transmission to your health insurance or to accident or disability insurance is for the purpose of billing for services provided to you. The type of data transmitted will be in accordance with legal requirements.

Disclosure to cantonal and national authorities (e.g., public health departments, health offices, etc.) occurs due to legal reporting obligations.

The transfer of necessary patient and billing data to the collection agency is for the purpose of debt collection (collecting outstanding payments).

In individual cases, depending on your treatment and your corresponding consent, data may also be transmitted to other authorized recipients (e.g., laboratories, other doctors).

Withdrawal of Your Consent

If you have given your explicit consent for data processing, you can withdraw your previously granted consent in whole or in part at any time. The withdrawal or request for a change of consent must be made in writing. Once we receive your written withdrawal and the processing cannot be based on any legal grounds other than consent, the processing will cease. The legality of data processing that occurred prior to the withdrawal remains unaffected by the withdrawal.

Information, Access, and Release

You have the right to obtain information about your personal data at any time. You can access your medical history or request a copy of it. The release of the copy may incur a fee. Any costs associated with the preparation of the copy, which depend on the effort involved, will be communicated to you in advance.

Right to Data Portability

You have the right to have data that we process automatically or digitally provided to you or to a third party in a common, machine-readable format. This also applies specifically to the transfer of medical data to a healthcare professional of your choice. If you request the direct transfer of the data to another controller, this will only occur to the extent that it is technically feasible.

Correction of Your Information

If you find or believe that your data is incorrect or incomplete, you have the option to request a correction. If neither the accuracy nor the completeness of your data can be established, you have the option to add a note of dispute.