Spital Lachen

Data protection consent form
for patients

The following data processing may be necessary in order for us to perform our duties:

Data category	Data description	Recipients	Purpose
Treatment data, discharge report, surgical report, consultation report, imaging, diagnostics	Diagnoses, assessments, progression, medication, procedures, summary of medical history, laboratory data	Pre- and post-treatment service providers involved in the treatment of the patient	Patient safety, referral, consultation
Insurance documents Personal information	Health, accident and supplementary insurance, identification of foreign patients for billing department	Health, accident and supplementary insurance, authorities and government agencies, self-payers	Cost approvals Benefit statement Exclusions Deductible Qualifying period

You can withdraw your consent at any time by emailing datenschutz@spital-lachen.ch.
All processing carried out until the withdrawal of consent will remain lawful.
Processing and notifications based on legal requirements are not affected by this consent.

The full privacy policy, including information about how data is processed and your rights in relation to your personal data, can be found on the website of Spital Lachen AG at www.spital-lachen.ch (Legal notice). If you have any questions about the privacy policy, please email datenschutz@spital-lachen.ch.

I hereby consent to the processing/transmission of my personal data as outlined above. If acting under a written power of attorney as an authorised representative or legally appointed representative, the representative must provide a copy of the power of attorney and verify their identity with an official ID.

In order to communicate with you by e-mail, which is legally uncertain, you must provide your express consent on the form 'Registration of outpatient and inpatient patients'. When health information is sent by unencrypted email, the confidentiality of the transmission cannot be guaranteed. By providing your email address and your signature, you consent to unencrypted email communication.

_____ _____ _____

Surname First name Date of birth

_____ _____

Place, date Signature of patient/authorised signatory