

# CONSENT TO THE PROCESSING OF PERSONAL DATA THROUGH THE DENTAL OFFICE RELAXDENT

Dear patient,

for organizational reasons, we like to undertake processing activities of personal data and information in our dental office, for which respective consent of the patient is necessary.

These processes, which are listed in detail below, are normal practice in a dental office. We would like to ask you to confirm your consent to each of the respective activities by signing this declaration. Needless to say, your treatment will not depend on this. You are given the opportunity to revoke each consent anytime through an informal request to us.

The type of processed data, the scope of processing, and potential recipients are in each case limited to what is required for the respective purpose. After fulfilment of the purpose, the data will be deleted, in case there is no legal storage obligation. To protect the data from manipulation, loss, and access by unauthorized persons, technical and organizational measures have been taken.

## **Recall:**

A regular visit to the dentist makes sense and can lead to savings in dentures. With our "Recall", we like to remind you about this via SMS (text message) 6 months after your last dental examination.

## **Dental bill:**

For the dental bill, we must forward certain patient-related data to health insurances, the dental association (German: Kassenzahnärztliche Vereinigung; KZV), or "First Debit". To this, only data necessary for the dental bill, in particular contact details as well as the services rendered according to the order of fees for dentists/ doctors, if necessary special arrangements made with us, but no additional health data or other information, will be disclosed.

## **Dental laboratory:**

For the execution of certain treatments, we collaborate with dental laboratories (Dentallabor Borchard, City Dental). These particularly produce individual dentures and other dental technical works. To ensure the best supply possible, it is necessary to forward certain patient-related data to the laboratories.

## **Referral:**

In certain medical cases it may be necessary to refer you to a medical or dental colleague. In such a case, only data, which is meaningful for further treatment will be transferred (contact details, radiographs, medical reports).

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With my signature, I agree that I am sufficiently informed about the respective intended processes and voluntarily declare my consent to the processing or respectively disclosure of my data. To the same extent, limited to the respectively presented processing purpose, I release the practitioners of the dental office Relaxdent, as well as the for the respective processing needed employed personnel, from medical confidentiality.

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Date, Signature

relax dent  
Dr. Röling & Partner

## **Öffnungszeiten**

Mo. - Do. 7:00 – 20:00 Uhr  
Fr. 7:00 – 17:00

## **Telefonzeiten**

Mo. - Do. 8:00 – 12:00  
und 14:00 - 18:00 Uhr  
Fr. 8:00 – 12:00 Uhr

## **Your dentist with Wellness factor**

Am Kanonengraben 15  
48151 Münster  
info@relax-dent.de  
www.relax-dent.de  
Telefon: +49 (0) 251 5255 45  
Fax: +49 (0) 251 5255 02