



IT number:

DATA SHEET

Dear patient,

Welcome to our practice for general medicine and psychotherapy! We kindly ask you to fill in the following details about yourself, for an easy and quick processing of your file (please take notice of the privacy policy on the back of this page).

Surname:	Given name:	Social security number/date of birth:
Health insurance:	Additional outpatient insurance: <input type="checkbox"/> yes <input type="checkbox"/> no	Insurance company:
Home address (Country, post code, City, Street, Street number):		
Address in Tyrol, in case it is not your home address:		
Telephone number:	E-mail address:	Profession/Occupation:
Employer (Name of employer and City):		
I've been transferred from another doctor. <input type="checkbox"/> yes <input type="checkbox"/> no		

In case of you being insured with your spouse/parent, please fill in their data:

Surname:	Given name:	Social security number/date of birth:
Telephone number:	Profession/Occupation:	Employer (Name of employer and City):

This is an optional physician's practice without a direct billing to the health insurance provider- except for the preventive examination and the SVA.

You can send your paid bills to your health insurance provider and will usually be refunded about 80% of the payment. Patients insured with the KUF will be charged according to the rate.

Date:

Signature:



CONSENT FORM

Requests for diagnosis reports/Usage of my data

We treat all personal data according to the EU-privacy policy regulation, the doctor's law and the telecommunication law.

- I give my consent, that my treating physician, Dr. Herbert Bachler, is allowed to request all necessary diagnosis reports from other doctors and hospitals, which are necessary for my further diagnosis and treatment or judicial reports. The received information will only be used for documentation and further treatment or compilation of a judicial report.
- I give my consent, that Dr. Herbert Bachler's practice is allowed to contact me via my previously named e-mail address and telephone number, for the purpose of informing me about findings, patient-relevant innovations in the practice or for setting or changing an appointment.
- In case I did not withdraw my data use from the Electronic Health File (ELGA), the above given consent also applies for this way of access to my health file.
- I give my consent that my anonymous data, meaning data that does not relate to myself, is allowed to be used for scientific projects. My data will not be given to third parties under any circumstances.
- I am aware, that I can always and without naming any reasons, withdraw my consent completely or partially via e-mail or sending a postal resignation.

Surname:	Given name:	Date of birth:
Legal representative Trustee Custodial parent:		

Date:

Signature: