sanatoriumKILCHBERG
PRIVATKLINIK FÜR PSYCHIATRIE | PSYCHOTHERAPIE | PSYCHOSOMATIK

Patient admission outpatient Form

Patient details ☐ Mr. ☐ Ms.

Name	**Private / Mobile phone**
First name	**e-mail**
Date of birth	**Home town / nationality**
Address	
Zip code / City	**AHV number**
Referring Professional/Institution **.....** ☐ I authorize the exchange of information between Sanatorium Kilchberg and the referring specialist/institution. ☐ Self-assignment	
Marital status ☐ married ☐ divorced ☐ single ☐ widowed ☐ separated	**Denomination** ☐ other ☐ Reformed ☐ Jewish ☐ none ☐ Islamic ☐ Catholic ☐ Orthodox

Health insurance details ☐ Illness ☐ Accident ☐ Military

Basic insurance
Insurance no.
Card no.

Additional information *(voluntary)*

Next of kin / persons entitled to information (name, address, telephone)
Custodian / Advocate (name, address, telephone)

Do you have an EPD (electronic patient dossier)? ☐ yes ☐ no

We inform you that appointments canceled less than 24 hours in advance will incur a 50% charge.
I authorize the forwarding of necessary invoicing data, including copies of invoices, to the health insurance company, MediData, the institution responsible for debt collection, the responsible lawyer, and relevant state authorities (debt collection office, justice of the peace office, courts). Copies of invoices will be sent electronically via the data-protection-compliant Medidata portal.
I acknowledge the risks associated with the exchange of sensitive personal data and understand my rights. I consent to mutual communication between my doctor and myself through the provided contact information. Patient information will only be transmitted by Sanatorium Kilchberg AG via secure communication channels. I agree that administrative matters, such as rescheduling appointments, may be handled via unencrypted email communication. By signing, I confirm that I have read and understood the patient information provided on the following page.

Place, date: **Patient's signature:**

Doctor's name (block capitals) Doctor's signature:

Interview time: Time required: /

(Anw. patient) (Abw. patient)

Patient Information on Personal Data Handling

We would like to inform you about the purposes for which Sanatorium Kilchberg AG processes your personal data. Additionally, we will outline your rights regarding data protection and how you can exercise them.

Responsibilities: Sanatorium Kilchberg AG processes your personal data for treatment purposes in compliance with data protection regulations. For queries, contact datenschutzstelle@sanatorium-kilchberg.ch.

Collection and purpose of data processing: The processing (collection, storage, use, and retention) of your data is based on the treatment contract and legal requirements necessary to fulfill the purpose of your treatment and associated obligations. Data is collected by your treating doctor as part of your treatment, and we may also receive data from other doctors and healthcare professionals who have treated you, provided you have given consent. Consent is assumed for referring bodies unless they object. Only data relevant to your medical treatment will be processed in your medical history. This includes personal information from the patient form, such as contact and insurance details, as well as consultation records, health data like anamnesis, diagnoses, therapy suggestions, and findings.

Duration of Storage: Your medical history will be stored for 20 years after your last treatment. After this period, it will be deleted or destroyed unless required to be handed over to the cantonal archives.

Forwarding of Data: We only transfer your personal data, especially your medical data, to external third parties if legally permitted or required, or if you have consented as part of your treatment. Data may be transferred to:

- Your health insurance company or accident/disability insurance company for invoicing services provided to you, in accordance with legal requirements.
- Cantonal and national authorities (e.g., cantonal medical service, health departments) if there are legal reporting obligations.
- The attending physician, who is authorized to request and send necessary medical files for subsequent treatment.
- Other authorized recipients (e.g., laboratories, other doctors) as part of your current treatment, if required.

Withdrawal of Consent: You can withdraw your consent for data processing, in whole or in part, at any time in writing. Once we receive your written revocation, and if processing cannot be legally based on any other grounds, processing will be discontinued. The legality of the data processing carried out up to the point of revocation remains unaffected.

Information, Inspection and Disclosure: You have the right to obtain information about your personal data at any time. You can inspect your medical history or request a copy, which may involve a fee. You will be informed in advance of any costs based on the time and effort required to produce the copy.

Right to Data Portability: You have the right to have data that we process automatically or digitally transferred to you or a third party in a commonly used, machine-readable format. This includes transferring medical data to a healthcare professional of your choice. Direct transfer to another controller will only occur if technically feasible.

Correction of Your Data: If you find that your data is incorrect or incomplete, you may request a correction. If the correctness or incompleteness cannot be determined, you can attach a note of dispute.

For more detailed information on the handling of your personal data, please refer to our privacy policy available on our website www.sanatorium-kilchberg.ch or at the reception desk.