

FORWARDING OF PERSONAL DATA FORM

I,

PATIENT DETAILS	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Surname, first name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date of birth

hereby authorise medneo to forward my personal and medical (health) data which have been collected by medneo in the form of

my (preliminary) results

- all available results
- only the result of the following examination:

Date: _____ Examination area: _____

or

all of my examination data, incl. (preliminary) results and radiological images

- all available examination data
- only the examination data pertaining to the following examination:

Date: _____ Examination area: _____

to the following doctor/surgery/health facility and/or to the following personal email address

RECIPIENT DETAILS	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Surname, first name of the doctor/name of the surgery or health facility*	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Street, house number	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Postcode, city
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Fax number	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Optional: Email address
AND/OR	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Personal email address	
<i>*If the recipient is a <u>doctor who works at the medneo Diagnostic Centre</u>, his/her name will suffice.</i>	

I am providing the above declarations voluntarily. I am aware that I may revoke this declaration of consent in writing at any time with effect for the future with respect to medneo.

Place, date

Patient's signature*

Please send this completed form to the following **fax number: +49 (30) 814501 7008**

* An accompanying adult who is an authorised signatory, e.g. a custodian**, legal guardian or authorised representative, may sign on behalf of the patient.
 ** As the sole signatory, the custodian (e.g. parent) confirms that he/she is entitled to sole custody of the patient or that he/she is acting in agreement with the other custodian.