

Surname

First name

Date of birth

Address

Mandatory field – please fill out by hand or print via EDP

Declaration of consent

Legal representative or alternative recipient of invoice, if applicable:

For patients under 18 years of age / without legal capacity / with limited legal capacity

Titel, Vorname, Nachname

geboren am

Straße, Haus-Nr.

PLZ, Ort

Consent for the assignment of receivables

I hereby declare that,

- my dentist may assign the receivables resulting from my treatment to ZA Zahnärztliche Abrechnungsgesellschaft AG, Wertstr. 21, 40549 Düsseldorf (dental billing company, abbreviated to ZA AG in the following)
- and that ZA AG may in turn reassign these receivables to the Deutsche Apotheker- und Ärztebank eG (German pharmacy and medical bank, abbreviated to apoBank in the following).

Release from confidentiality

- I release my dentist from doctor-patient confidentiality obligations and agree that the necessary data (name, date of birth, address, treatment dates and course, fee code billing and diagnoses as required by the insurer) may be forwarded to ZA AG.
- I agree that once the receivables have been assigned only ZA AG is entitled to these receivables and therefore any objections to the receivables - including any objections which arise from treatment and medical history - must be presented to ZA AG. In the event of dispute, I understand that the dentist responsible for my treatment may be summoned as a witness if necessary.
- I agree that ZA AG may solicit credit information from a credit rating agency by forwarding my name, date of birth, address, and nature of the request to this credit rating agency.

Confirmation

- I hereby confirm that I have taken note of the patient information provided by ZA AG above.
- I am aware that I may revoke my consent for future treatments. Revocation is possible for the current treatment only so long as my dentist has not already forwarded my treatment data to ZA AG.
- I have received a copy of this form.

Place and date

Signature

Stamp of practice

Note:
Striking out or modifying any of the above provisions renders this declaration of consent ineffective.

Surname

First name

Date of birth

Address

Mandatory field – please fill out by hand or print via EDP

Declaration of consent
(Patient copy)

Legal representative or alternative recipient of invoice, if applicable:

For patients under 18 years of age / without legal capacity / with limited legal capacity

Titel, Vorname, Nachname

geboren am

Straße, Haus-Nr.

PLZ, Ort

Consent for the assignment of receivables

I hereby declare that,

- my dentist may assign the receivables resulting from my treatment to ZA Zahnärztliche Abrechnungsgesellschaft AG, Wertstr. 21, 40549 Düsseldorf (dental billing company, abbreviated to ZA AG in the following)
- and that ZA AG may in turn reassign these receivables to the Deutsche Apotheker- und Ärztebank eG (German pharmacy and medical bank, abbreviated to apoBank in the following).

Release from confidentiality

- I release my dentist from doctor-patient confidentiality obligations and agree that the necessary data (name, date of birth, address, treatment dates and course, fee code billing and diagnoses as required by the insurer) may be forwarded to ZA AG.
- I agree that once the receivables have been assigned only ZA AG is entitled to these receivables and therefore any objections to the receivables - including any objections which arise from treatment and medical history - must be presented to ZA AG. In the event of dispute, I understand that the dentist responsible for my treatment may be summoned as a witness if necessary.
- I agree that ZA AG may solicit credit information from a credit rating agency by forwarding my name, date of birth, address, and nature of the request to this credit rating agency.

Confirmation

- I hereby confirm that I have taken note of the patient information provided by ZA AG above.
- I am aware that I may revoke my consent for future treatments. Revocation is possible for the current treatment only so long as my dentist has not already forwarded my treatment data to ZA AG.
- I have received a copy of this form.

Place and date

Signature

Stamp of practice

Note:
Striking out or modifying any of the above provisions renders this declaration of consent ineffective.

Patient information

Dear patient,

Your dentist is working together with us, ZA Zahnärztliche Abrechnungsgesellschaft Düsseldorf, AG (hereafter ZA AG). You can find out more information about us on our website at www.die-za.de or by writing to us directly at:

ZA Zahnärztliche Abrechnungsgesellschaft Düsseldorf, AG
Werftstr. 21
40549 Düsseldorf
Phone: +49 0211 56 93 – 0
E-mail: info@zaag.de

Our data protection officer:

Prof. Dr. Ulf Vormbrock, Solicitor
Fritz-Vomfelde-Str. 34
40547 Düsseldorf
E-mail: datenschutz@zaag.de

In order for us to be able to work with your dentist, we need your voluntary consent in accordance with Art. 6 Abs. 1 lit. a, Art. 9 Abs. 2 lit. a DSGVO. Please inform your dentist immediately if you do not wish to settle your accounts through us. In this case, your dentist will settle your fees himself.

You have the right to revoke your consent for future treatments. In this case, your dentist will settle your services directly with you. Revocation of your consent is possible for the current treatment only so long as your dentist has not already forwarded your treatment data to us.

Your dentist collects personal information and stores these data in a computer system. These are data that are necessary for communicating with you (name, address, telephone number, email address etc.). In addition, your dentist stores data that relate to you as a person (gender, age etc.), to your treatment and medical procedures (treatment dates pursuant to Art. 9 Abs. 1 DSGVO. This is important as this is the only means for your dentist to correctly bill for his activities according to the statutory schedule of fees. As the accounting centre, your dentist sends us your name, address and a description of the treatment measures performed for you as well as your laboratory data. Diagnoses are communicated only if this is required for compensation claims on the part of the cost bearer, for example, to demonstrate the medical necessity for a treatment.

We finance our services through assignment of all claims to the Deutsche Apotheker- und Ärztebank eG (apoBank). However, personal data are not forwarded for this purpose to apoBank.

Following treatment, we pay you directly to your dentist and would like to provide security for ourselves. For this reason, prior to treatment we seek credit reports about you from credit protection organisations, if you consent to this pursuant to Art. 6 Abs. 1 lit. a, Art. 9 Abs. 2 lit. a DSGVO. In such case, we submit to the credit protection organisation your name, date of birth and address. However, if you do not wish us to do so, please contact your dentist directly. Your dentist will then invoice for services independently.

Your data will be stored for a period of up to 10 years; as a component of our accounting, these data are subject to retention requirements. You are entitled to request that we provide you with comprehensive information with regard to your data. Moreover, you are entitled to request that we correct, block, delete and/or transmit your data; Art. 15 ff. DSGVO shall apply. Further, we work internally with a software-based credit tool (ZA.riskmanager). Based on personal information, this tool automatically calculates an estimate as to whether and to what extent a claim can be successfully asserted against you. Again we ask for your consent for this in accordance with Art. 6 Abs. 1 lit. a DSGVO.

You have the right to lodge a complaint with the responsible data protection office of the State of North Rhine-Westphalia in Düsseldorf.

Commissioner for Data Protection and Freedom of Information for the State of North Rhine-Westphalia
Kavallerierstr. 2-4
40213 Düsseldorf
Phone: +49 0211 38 424 – 0
Fax: +49 0211 38 424 – 10
E-mail: poststelle@ldi.nrw.de

Special information for treatment of children and adolescents

When providing treatment for children and adolescents, your dentist collects both the personal information required (name, date of birth) relating to the child/youth as well as personal information relating to the legal representative. To the extent that these data are required for invoicing the medical services, your dentist forwards these data to us. We retain the transmitted data for the purposes of settling the account; we also use the data to calculate the default risk and prior to treatment we forward these data for the legal representative to the credit protection organisation. Please immediately let your dentist know if you do not wish us to do so. Your dentist will then settle the account directly with you.

Sincerely,

Your **ZA Zahnärztliche Abrechnungsgesellschaft Düsseldorf, AG**