Zahnarztpraxis
Am Weiherschloss

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REGISTRATION FORM CHILDREN & ADOLESCENTS please fill in using block letters

Patient ☐ female ☐ male ☐ - please tick

Last name	First name
Street, no.	Postcode, town
Date of birth	Mobile phone
Health insurance	E-mail

Legal representation / parent

Last name	First name
Street, no.	Postcode, town
Phone (private)	Mobile phone
Phone (work)	E-mail

Please answer every question by ticking the appropriate box. Your details are treated in strict confidence and are subject to medical confidentiality.

Do you receive contributions towards dental treatment from the office for social benefits (supplementary benefits)?	YES	NO
Do you receive contributions towards dental treatment from social services?	YES	NO
Do you receive contributions towards dental treatment from another authority? If so, from which one?	YES	NO

School dental care		
Are you registered with the school dental care service?	YES	NO
If so, with which one?		

Your child's state of health can influence dental treatment. We therefore ask you to answer this questionnaire in full, so that we can take it into account when planning and carrying out dental treatments.

Are you currently or have you recently been under medical treatment? If so, for which illnesses?	YES	NO

Please turn over

Does your child regularly take any medication? If so, which:	YES	NO

Does your child have or has your child ever had		
allergies	YES	NO
infections	YES	NO
illnesses	YES	NO
If so, which:		

Is your child afraid of dental treatment?	YES	NO
Would you like to be reminded of your dental appointment?	by SMS	by e-mail
	I do not wish to receive a reminder	

What do you expect from your treatment and care with us? Do you have any individual requests?

I agree that data or findings from my medical history, including X-rays or photos, as well as copies or printouts thereof, may be communicated or sent for medical purposes, at my request or on instruction, to other medical professionals or to the health insurers, who are themselves bound by medical confidentiality.

I take note that after surgical procedures or under local anaesthesia, active participation in road traffic may be associated with an increased risk of accidents for several hours. I agree that a local anaesthetic may be administered to me if necessary. With local anaesthesia, irritations (numbness, tingling) may occur in very rare cases in the lower jaw and tongue. These irritations usually disappear again.

The person treated undertakes to pay the invoice and to reimburse expenses and outlays, plus VAT. In the event that the claim has to be enforced by debt collection and/or in court, the dentist is released in advance from professional secrecy by the patient. This declaration also applies in the event of incapacity and beyond the death of the person treated.

With my signature I confirm that I agree to the processing of my data, to access to the data by the dentist and to the disclosure of the data to third parties in accordance with the patient information on the following page. I am aware of the possible risks of exchanging particularly sensitive personal data (possible access by unauthorised third parties in the case of insecure communication channels) as well as of my rights, and I give my consent to mutual contact between my dentist and myself as a patient via the contact details provided above. Patient information is only passed on by the dental practice via secure communication channels. I agree that administrative matters, such as rescheduling appointments, may be handled by unencrypted e-mail communication (@hin address to a recipient address such as @bluewin.ch, @gmail.com, etc.).

I also take note that, if I am unable to attend, I must cancel my appointment no later than 48 hours before the agreed time. In the event of an unexcused no-show, the reserved time will be charged.

Bottmingen, _____ **Signature:** _____

DATA PROTECTION DECLARATION

Patient information on the handling of personal data

Below we inform you of the purposes for which Zahnarztpraxis am Weiherschloss AG collects, stores or forwards your personal data. We also inform you of the rights you can exercise with regard to data protection.

Responsibilities

The body responsible for processing your personal data, and in particular your health data, is Zahnarztpraxis am Weiherschloss AG. If you have questions about data protection or wish to exercise your data protection rights, please contact the practice staff or Dr. med. dent. Christian Dettwiler directly. Zahnarztpraxis am Weiherschloss AG and its employees are bound by professional secrecy. Patient confidentiality is fully maintained.

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, for the fulfilment of the purpose of treatment and the associated obligations. Data is collected on the one hand by the practitioner in the course of your treatment. On the other hand, we also receive data from other doctors and health professionals with whom you were or are being treated, provided you have given your consent. Only data related to your dental treatment is processed in your medical history. The medical history comprises the personal details provided on the patient form, such as personal data, contact details and insurance information, as well as, among other things, the information consultation conducted as part of the treatment and health data collected such as anamneses, diagnoses, treatment proposals and findings.

Retention period

Your medical history is kept for 20 years after your last treatment. Thereafter, with your express consent, it is kept longer or securely deleted or destroyed.

Disclosure of data

We only transmit your personal data, and in particular your medical data, to external third parties if this is permitted or required by law, or if you have consented to the disclosure in the course of your treatment. Transmission to your health insurer or to the accident or disability insurance takes place for the purpose of invoicing the services provided to you; the type of data transmitted is governed by the legal requirements. Disclosure to cantonal and national authorities (e.g. cantonal medical service, health departments, etc.) is based on statutory reporting obligations. Depending on your treatment, transmission to a dental laboratory may be necessary for the production of the corresponding dental appliance or dentures. In individual cases, depending on your treatment and your corresponding consent, data is transmitted to other authorised recipients (e.g. other dental specialists, family doctors, state institutions such as SVA BL).

Revocation of your consent

If you have given your express consent to data processing, you can revoke consent already given at any time, in whole or in part. The revocation or the request to change a consent must be made in writing. As soon as we have received your written revocation, and provided the processing cannot be based on any legal basis other than consent, the processing will be discontinued. The lawfulness of the data processing carried out up to the revocation remains unaffected.

Information, inspection and release

You have the right at any time to receive information about your personal data. You can inspect your documents or request a copy. The release of the copy may be subject to a charge. Any costs, which depend on the effort required to produce the copy, will be communicated to you in advance.

Right to data portability

You have the right to have data that we process automatically or digitally handed over to you or to a third party in a common, machine-readable format. This applies in particular to the transfer of medical data to a health professional of your choice. If you request the direct transfer of the data to another controller, this will only take place insofar as it is technically feasible.

Correction of your details

If you discover or believe that your data is incorrect or incomplete, you have the option of requesting a correction. If neither the accuracy nor the inaccuracy of your data can be established, you have the option of having a note of dispute added.