
	<p>Quality management</p> <p>Data protection</p> 	<p>Radiology Baden-Baden</p> <p>Dr. Klaus Meier Dr. Andreas Stoldt Dr. Stefan Ladner Dr. Christian Plathow (professor), M.Sc. Dr. MORITZ PALMOWSKI (PD-Associate Professor)</p>
--	--	--

Consent/Authorisation in accordance with Article 7 of the GDPR

With this declaration, I,

Name of patient

hereby give consent to my data

(first name and surname, date of birth, address, telephone number, patient number, clinical information, type of examination and diagnosis/evaluation, appointment, referring physician and attending physician)

being forwarded to

Name of recipient

For my data to be passed on, I release my doctor and his/her assistants from their duty of confidentiality according to § 203 of the German Penal Code (Strafgesetzbuch).

I can revoke my consent at any time in the future.

Place, date

Patient's signature