



**Consent to the processing of personal data by
ZAHNHEILKUNDE LINDENTHAL GbR**

Dear patient,

You have visited our practice for the purpose of dental treatment. To be able to carry out this treatment, we would like, for organizational reasons, to process data for which your consent is required in each case. By signing this form, you consent to this processing. If you object to individual processing operations that are necessary in the context of dental treatment (see points 1. to 5.), your dentist will have to decide, to what extent the treatment can still be carried out. The type of data processed, the scope of processing and possible recipients is in all cases limited to what is necessary for the respective purpose. The data will be deleted after the purpose has been fulfilled unless there is a legal obligation to retain the data. Technical and organizational measures have been taken to protect the data against manipulation, loss, or access by unauthorized persons. The persons responsible for data processing and your contact persons for questions are Dr. med. dent. Lisa Trippe and Dr. med. dent. Sara Parastar.

1. Documentation:

Recording of examination findings in the electronic file card.

2. Photographs

Creation of intra- and extraoral photographs and their digital storage.

3. X-rays

Creation of digital x-ray images and their storage.

4. Production of intraoral scans

Scan and any model production including photographic documentation.

5. Doctor's letters

If necessary, creation of medical reports and storage in digital form. The collected documents are used as follows:

Diagnostics

Diagnosis

Treatment of dental diseases

Archiving

In addition, we would like to ask you to confirm with your signature that you agree to the following processing (see points 6. to 9.). Your treatment is of course not dependent on this. You have the option of withdrawing your consent at any time by sending us an informal message.

6. Recall

Regular visits to the dentist make sense and can lead to savings on dental prosthesis. We will be happy to remind you by e-mail or letter in the form of our recall.

7. Information letter

We are happy to inform our patients about innovations in our practice or current information, such as an upcoming practice vacation. We will contact you by e-mail or letter for this purpose.

8. Appointment reminders

We will be happy to remind you of upcoming appointments by SMS or e-mail. Here you will receive a maximum of one reminder per appointment.

9. Rescheduling

We will contact you by telephone, e-mail, SMS or post if an agreed appointment has to be postponed.

With my signature, I confirm that I have been sufficiently informed about the intended processing and voluntarily give my consent to the respective processing. To the same extent, limited to the respective processing purpose described in each case, I release Dr.

med. dent. Lisa Trippe and Dr. med. dent. Sara Parastar from the duty of dental confidentiality. Furthermore, I agree to the forwarding of X-ray images and findings to other doctors and dentists, (§28 X-ray Ordinance) and dental laboratories.