

Patient form

Leman Hand Clinic Sàrl
Allée de la Petite Prairie 2
1260 Nyon
Tel. : 022 300 00 81
E-mail : hand-clinic@svmed-hin.ch

Personal details (please complete in block capitals)

First name :	Last name :
Sex <input type="checkbox"/> m <input type="checkbox"/> f	Date of birth :
Street & nr :	Postcode & town :
Tel. / mobile :	E-mail :
Occupation :	Employer :
Contact address and telephone number in case of emergency :	
General practitioner :	
Health insurance :	Insurance number :
Complementary insurance :	<input type="checkbox"/> private <input type="checkbox"/> semi-private <input type="checkbox"/> basis

Legal representation (complete only if necessary; must differ from patient's personal details)

Institution	
First name	Last name
Street & nr :	Postcode & town :
Tel. / mobile	E-mail

By signing, I confirm that I consent to the processing of my data, to access to it by the doctor and to its transmission to third parties in accordance with the information for patients on the following page (page 3).

I am aware of the potential risks associated with the exchange of sensitive personal data (possible consultation by unauthorised third parties if insecure communication tools are used) and of my rights. I consent to mutual contact between my doctor and myself as a patient by means of the contact details given above. The medical practice will only transmit patient information via secure communication channels. I agree that administrative matters, such as rescheduling appointments, may be sent by unencrypted e-mail (from an @hin address to a recipient address such as @bluewin.ch, @gmail.com etc.).

The Federal Law on Health Insurance (LAMal) stipulates that patients must receive a copy of the doctor's bill.

Place, date :	Signature :
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Appointments that are not cancelled at least 24 hours in advance may be billed. Please inform us in good time of any unavailability.

Information for patients on the processing of personal data

We hereby inform you of the purpose for which the above-mentioned medical practice (hereinafter referred to as the medical practice) collects, stores or transmits your personal data. We also inform you of the rights you may exercise in relation to data protection.

Responsibilities The medical practice is responsible for processing your personal data and in particular your health data. If you have any questions about data protection or if you wish to exercise your rights under data protection, please contact the staff at your practice or your doctor directly.

Collection and purpose of data processing Your data is processed (collected, recorded, used and stored) on the basis of the medical treatment contract and legal requirements, in order to achieve the purpose of the medical treatment and fulfil the associated obligations. The data is collected by the doctor treating you as part of your treatment. We also receive data from other doctors and healthcare professionals who are currently or have been responsible for your treatment, provided that you have consented to this. Only data relating to your medical treatment is processed in your medical file, which includes the personal data on the patient form, such as personal information, contact details and insurance details, as well as, among other things, the information interview conducted as part of the medical treatment, the health data collected, such as medical histories, diagnoses, treatment proposals and results.

Retention period Your medical file will be kept for 20 years after your last treatment. After this period, it will be stored, erased or destroyed in a secure manner, with your express consent.

Transmission of data We will only transmit your personal data, in particular medical data, to external third parties if this is authorised or required by law, or if you have consented to the transmission of the data as part of your treatment.

- This data is passed on to your health, accident or disability insurance company for the purposes of billing you for the benefits you have received. The type of data transmitted depends on legal requirements.
- This data is sent to cantonal and national authorities (e.g. cantonal medical services, health departments, etc.) in accordance with legal reporting obligations.
- Optional: The required patient and billing data are forwarded to the debt collection office for collection purposes (recovery of outstanding debts).

Depending on your medical treatment and your corresponding consent, data may be passed on to other authorised recipients (e.g. laboratories, other doctors) on a case-by-case basis.

Revocation of your consent Any express consent to the processing of your data may be revoked at any time, in whole or in part. The revocation or request for modification of consent must be made in writing. Once we have received your written revocation and your data can no longer be processed on any legal basis other than consent, the processing of your data will cease. The revocation does not affect the lawfulness of the data processing carried out up to the revocation.

Information, consultation and delivery You have the right at any time to obtain information about the personal data processed concerning you. You may consult your medical file or request a copy, which may be subject to a charge. You will be informed in advance of any charges, which depend on the amount of work required to prepare the copy.

Right to disclosure of data You have the right to be given, either to yourself or to a third party, the data that we process automatically or digitally, in a commonly used and machine-readable format. This applies in particular to the transmission of medical data to a healthcare professional of your choice. Any request for the direct transfer of data to another responsible person will only be granted within the limits of technical possibilities.

Rectification of your data If you discover or consider that data processed concerning you is inaccurate or incomplete, you may request that it be rectified. If the accuracy or incompleteness of your data cannot be established, you may add a note of objection.