

Declaration of consent concerning data transfer and data processing

I have been informed by my dentist /orthodontist

Dr. _____

that I have a malocclusion which requires treatment.

Having presented me with various available therapeutic alternatives my dentist/orthodontist recommended orthodontic treatment using the services and facilities of orthocaps GmbH.

My dentist has explained to me in detail any available services by orthocaps GmbH and their integration into the treatment process. I have been able to ask relevant questions.

I have fully understood the information I have been provided with and make the following decisions:

1. I agree to, that my personal data, in particular my medical records, be made available to orthocaps GmbH to the extent required, and that my records can be processed by them.

2. I furthermore agree to, that any data made available to orthocaps GmbH, that can be processed electronically, will be saved by orthocaps GmbH on a server of I & I Internet AG in encoded form.

3. I therefore expressly release my dentist from his dental confidentiality with respect to orthocaps GmbH as well as to Messrs I & I Internet AG.

4. I am aware of the fact that any physical documents such as casts and study models will only be retained by orthocaps GmbH as long as they are required for the correct treatment by my dentist respectively for the manufacture of individually produced orthodontic treatment appliances.

5. I agree that orthocaps GmbH may use any data and documents, such as dental casts, X-ray images, photographs, films and study models etc. for orthodontic/dental consultations, advanced training and research purposes, publications in specialist magazines or for professional accompanying materials, provided that all relevant data and documents are anonymised thereby excluding any conclusions with respect to my person.

I have been provided with a copy of the declaration of consent.

(Place, Date)

Signature of patient resp.
insured party (policy holder)