ParaHelp

Consent form

The Data Protection Act fundamentally requires the client's consent if data is processed or passed on to third parties. This declaration of consent includes the consultation given by ParaHelp AG.

Personal details

Gender	☐ **male**	☐ **female**	☐ **other**
Surname / First name			
Date of birth			
Address			
Postcode / Town			
Telephone number			
E-Mail			
Social insurance number (AOSI)			

The undersigned authorises ParaHelp AG to request the information and documents deemed necessary for processing from the attending doctors, therapists, involved specialists and social insurances. It releases all individuals entrusted with confidential professional and official information and their aides, in particular those subject to professional medical confidentiality, from their duty of confidentiality and authorises them to provide ParaHelp AG with all the files required and necessary information to process the mandate.

ParaHelp AG is authorised to transmit the information and documents deemed necessary for processing to third parties and to communicate with third parties (attending doctors, therapists, involved specialists and social insurance agencies) via encrypted e-mails.

ParaHelp AG adheres to the legal principles of data protection. The Information and data will be handled appropriately and strictly confidential and ParaHelp AG is committed to confidentiality.

An identical copy of this consent form is available to the undersigned. The consent form may be revoked at any time and shall expire automatically upon termination of support by ParaHelp AG.

Place, date: Signature:

....

In the case of physical limitations (upper extremities), it may be signed by a representative