Hausarztpraxis am Ostbahnhof
Facharztpraxis für Allgemeinmedizin

Privacy Policy of Our Practice

1. We are generally bound by medical confidentiality. This duty of confidentiality also applies with respect to close relatives or a partner, unless an explicit release from medical confidentiality has been provided.
2. All paper documents that could be associated with a patient are professionally shredded by us (using a security level 4 shredder in accordance with DIN standard 32757).
3. Information by telephone is provided only to the patient personally, and only if we can identify the patient beyond doubt by telephone number and voice. If there is any doubt, the patient must appear in person.
4. Certificates or information cannot generally be provided by email.
5. In medical emergencies, we reserve the right to pass information on to other medical professionals (provided that they can be identified beyond doubt), insofar as they are likewise subject to medical confidentiality. One example would be a call from a colleague at a hospital who requires the current medication list or information about pre-existing conditions.
6. Our patient management system, which contains all patient data and documents, is not connected to any servers outside the practice. The telematics infrastructure is an exception; with the patient's consent, health-related data are sent to the Association of Statutory Health Insurance Physicians via this infrastructure. These data are subject to complex and physical encryption.
7. A further exception is communication with the payer, i.e. your health insurance provider, to which we are required to transmit your treatment data. The same applies to psychotherapists, laboratories and specialist physicians involved in your treatment.
8. We ensure that your patient-related data on documents or screens cannot be viewed by third parties.

I have understood the Privacy Policy and agree to the conditions set out above

Patient's name _____

Frankfurt/Main, date _____ Patient's signature: _____

I release Hausarztpraxis am Ostbahnhof from its duty of medical confidentiality with respect to:

_____ date of birth _____

Patient's name: _____ date of birth _____

Frankfurt/Main, date _____ Patient's signature: _____