

Patient label
 Or patient number:
 Last name, First name:
 Date of birth:
 Street:
 Postal code, City

LABEL

If the patient is not identical to the applicant

Last name, First name:
 Date of birth:
 Street:
 Postal code, City

The patient to be admitted is

- My wife / husband
- My child
- _____

Dear Patient,

For data protection reasons, the UMG is obligated to request your consent to the following, which could be important for your treatment.

Your consent applies to outpatient and inpatient treatment in all UMG clinics, departments and institutes for a period of 90 days. In the event of there being further treatments after this period of time has passed, we will request an update of your consent.

Apart from that, you have the option to withdraw your consent at any time without having to provide a reason for this. Please direct your notification of withdrawal to the hospital operator. You can find the corresponding contact details directly in the associated passage or on our homepage www.umg.eu.

However, your withdrawal of consent will only come into force from the point in time when it is expressed. It has no retroactive effect. The processing of your data and residual materials up to this point in time remains lawful.

Your consent is voluntary.

Regarding data transmission between the hospital, family doctor and other pre-/post-treatment providers

Declaration of consent according to Art. 6 para. 1a, Art. 9 para. 2a, h, para. 3, para. 4 GDPR in connection with § 73 (1b) SGB V - only with regard to patients with statutory insurance.

I agree that the hospital may transmit the treatment data and findings concerning me to my pre-treatment and post-treatment (or other treatment) providers for the purpose of documentation and further treatment.

Furthermore, I agree that the hospital may request the treatment data and findings available from my pre-treatment provider as necessary for my hospital treatment. The hospital will only process the data for the purpose for which it was transmitted.

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I agree that the hospital may transmit the treatment data and findings concerning me to my family physician for the purpose of documentation and further treatment. The transmission of the treatment data and findings serve the creation and completion of central documentation with my general practitioner.

Furthermore, I agree that the hospital can request the treatment data and findings available from my general practitioner, as far as they are necessary for my hospital treatment. This requirement enables the hospital to obtain the information required for current treatment from the central documentation of the general practitioner. The hospital will only process the data for the purpose for which it was transmitted.

I agree with the transfer of data between the UMG, my general practitioner and other pre-/post-treatment providers. Yes

No

Regarding notifications to the Epidemiological Cancer Registry of Lower Saxony (EKN) and notifications to the Clinical Cancer Registry of Lower Saxony (KKN)

The Act on the Epidemiological Cancer Registry of Lower Saxony (GEKN) and the Act on the Clinical Cancer Registry of Lower Saxony (GKKN) oblige all doctors who detect and treat a cancer or a benign brain tumour to report this to the Trust Office of the Epidemiological Cancer Registry (EKN).

The UMG works closely with the EKN and KKN and is obliged to carry out these reports. The report includes personal data, the date of diagnosis, the diagnosis, the histological findings, the diseased organ, the stage of the disease, the diagnostic method and, if necessary, further information on the therapy.

The disease-specific data is stored by the EKN and KKN in all cases; the patient can, however, at any time wholly or partially object to storage of their personal data or revoke their consent in this regard. Failure to give or revoke the consent form will not affect treatment in the UMG. The objection is to be addressed to the Vertrauensstelle des EKN, Andreaestr.7, 30159 Hanover, or the KKN Vertrauens- und Registerbereich Sutelstraße 2, 30659 Hanover, or the UMG UniversitätsKrebszentrum, Robert-Koch-Str. 40, 37075 Göttingen.

Detailed information can be obtained directly from the EKN Trust Office (Tel. 0511-4505-356; Andreaestr.7, 30159 Hannover), the KKN with Trust and Registration Department (Tel.: 0511 277897-0) and in the UMG University Cancer Center (ccc@med.uni-goettingen.de; Robert-Koch-Str. 40, 37075 Göttingen).

I agree that in the presence of a tumour disease, in addition to the findings collected, personal data may be transmitted to the common data collection point of the Trust Office of the EKN and the Trust Office of the KKN and processed/stored there for the necessary duration. Yes

No

Concerning the use of data relating to residual materials (tissue and body fluids) and associated identification data and findings from the supply for medical research purposes

It is possible that tissue samples and body fluids may be taken within the course of the examination planned at the UMG. Such sample removals bear no relation to organ/tissue donations in the context of the law relating to transplants and tissues.

There is often residual material left at the end of the examination. These are very helpful for research into illnesses and their treatment. For this reason, we request your consent for the use of the residual material that is no longer required and the associated data (in encrypted form) for all types of biomedical research. With your consent, we will preserve this for an unrestricted period of time. With your signature you are passing on the ownership of your residual materials to the Göttingen medical university. You do not levy any financial or personal claims in this regard.

Any research project that wishes to make use of this residual material or data will be assessed by an independent ethics commission beforehand. In addition, if your residual materials or data are to be passed on to third parties, care will be taken to ensure that these cannot be traced back to you as a person.

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You can withdraw your consent with regard to the UMG Biobank (Robert-Koch-Str. 40, 37075 Göttingen; biobank@med.uni-goettingen.de) at any time without having to provide a reason for this. In this case, the residual materials stored in the UMG Biobank will be destroyed. If your consent is withdrawn or not given, this will have no effect on your treatment in the UMG.

I hereby consent to residual materials and the associated data (in encrypted form) being used for all types of biomedical research purposes. Residual materials or data may be passed on to third parties insofar as it is not possible for these to be traced back to me as a person. Yes
No

Regarding the use of patient data from treatment for medical research purposes and teaching in medicine

Personal data is collected in connection with your medical treatment. This includes the documentation of diagnostic and therapeutic measures and findings.

We ask for your consent that the aforementioned data may be used for all types of research and teaching in medicine. You do not gain any financial or personal claims in this regard.

Each research project is assessed in advance by an independent ethics committee, with the ethics committee also taking particular account of the interests of the patients. Your data will only be used for research purposes after a positive evaluation by the ethics committee.

You can revoke your consent with the UMG (Robert-Koch-Str. 40, 37075 Göttingen) at any time without stating reasons. In this case, your patient data would no longer be used for research purposes and teaching in medicine as soon as the revocation is received. If the consent is revoked or not granted, this will not affect your treatment at the UMG.

I agree that disease-related data from treatment may be used for all medical research and medical teaching purposes. Data may be passed on to external institutions, provided that third parties cannot draw conclusions about my person. Yes
No

Supply of medications during outpatient treatment in the UMG.

If the ingestion or administration of medication is required within the course of my outpatient treatment in the premises of the UMG, with my signature I hereby give my consent that these should be given directly from the UMG hospital's own pharmacy.

Note: This affects only the immediate need for medication during the treatment or examination in our hospital premises. All medication prescribed for you for your personal use at home will continue to be dispensed by the approved pharmacy of your choice.

Prescriptions provided will be billed by UMG themselves or by an accounting centre entrusted with this in accordance with the legally stipulated settlement prices per the applicable pharmaceuticals pricing ordinance or the respective agreed amounts in the case of prices that have been contractually agreed with your insurance.

If the insurance is provided by the statutory health insurance provider, please note that you will be obligated to provide a contribution per §61 SGB V [social insurance code] with the dispensing of prescribed medications. In the event that you are released from this payment contribution, it is important that you notify us of this before the treatment and present the proof of your exemption within the course of your admission. In all other cases, you will be invoiced for the legally stipulated payment contributions by the UMG themselves or by an accounting centre entrusted with this.

Alternatively, you also have the option to procure all of the medications required for the purposes of your outpatient treatment or examination in the hospital yourself and to bring all of the necessary medications with you to your outpatient appointment in the UMG.

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You have the option to withdraw your consent at any time without having to provide a reason for this. There will be no disadvantage for you resulting from any such withdrawal of consent. In the event of withdrawal of consent, there will be no further supply or invoicing by the UMG pharmacy. Please direct your notification of withdrawal to the UMG. However, your withdrawal of consent will only come into force from the point in time when it is expressed. It has no retroactive effect. The processing of your data up to this point in time remains lawful.

I hereby agree to medications or materials to be used here being supplied by the UMG pharmacy.

Yes
No

Information about associated persons

I hereby agree that any enquiries about my stay by persons closely associated with me, who would like to reach me in the UMG, may be passed on to me or answered by porters or employees of the UMG.

You have the option to withdraw your consent at any time without having to provide a reason for this. Please direct this notification of withdrawal to the hospital operator. However, your withdrawal of consent will only come into force from the point in time when it is expressed. It has no retroactive effect. The processing of your data up to this point in time remains lawful.

I hereby agree that enquiries about my stay by persons closely associated with me, may be answered by porters or employees of the UMG.

Yes
No

Regarding fundraising (informational material, donations)

I agree that the UMG may use my personal data (e.g. address, date of birth, gender and patient number) to provide me with information on health and research topics as well as current donation projects by mail.

I also agree that the technical processing can be handled by external service providers who are fully committed to data protection regulations. A transfer of my data to third parties for commercial purposes is excluded.

I am aware that the granted consent can be revoked at any time by writing to Geschäftsstelle Stiftung – Bereich Fundraising, Robert-Koch-Str. 42, 37075 Göttingen or fundraising@med.uni-goettingen.de. Your revocation will only apply from the time you exercise it. It has no retroactive effect. The processing of your data until this time remains legal.

I agree to the storage of my personal data.

Yes
No

Göttingen, on _____

Signature of the patient or their representative
(Signature of the guardian or the guardians in the case of underage patients)