



DATA PROTECTION AND DECLARATION OF CONSENT FOR PATIENTS

Dear patient,

You are at the VAMED Clinic/Therapy Center. We require data for your stay at our clinic. With this data protection declaration, you give us your consent to process your data. You can find detailed information under "Data protection."

DECLARATION OF CONSENT

I agree:

- That data from pre-treatment or referring doctors and clinics may be obtained by the rehabilitation clinic, insofar as this is necessary to achieve the purpose of treatment;
- To the forwarding of medical and administrative data to further treatment providers (doctors, hospitals, clinics), insofar as this is necessary and appropriate to achieve the purpose of treatment;
- To the forwarding of medical and administrative data to insurers/cost bearers for clarification of cost coverage;
- To the use and transfer of pseudonymized data to VAMED-approved manufacturers of technical therapy devices (cloud solution for artificial intelligence/personalized medicine, robot-assisted, personalized therapies, locations in Switzerland /Europe) in order to achieve the best possible therapeutic results.

This consent can be revoked at any time and is valid with future effect from the time of revocation.

You have a right to information at any time, which you can exercise by sending an e-mail to: datenschutz@vamed.ch.

Date, name

Signature

Authorized representative
(only if necessary)

Signature

*Please affix the
patient label here*