



Physiopark registration

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Physiopark

REGENSBURG



Appointments at **Physiopark** IM GEWERBEPARK
Im Gewerbepark B 20 | 93059 Regensburg | Telefon: 09 41 - 60 71 58 - 0 | Fax: 09 41 - 60 71 58 - 11

Appointments at **Physiopark** BEI DEN ARCADEN
Paracelsusstraße 2 | 93053 Regensburg | Telefon: 09 41 - 60 09 63 - 0 | Fax: 09 41 - 60 09 63 - 11

Email: info@physiopark-regensburg.de www.physiopark-regensburg.de

Last name: Date of birth:

First name: Occupation:

Street/house no.: Telephone (home):

Postal code/city: Telephone (work):

Health insurance company: Telephone (mobile):

Private Entitled to government assistance (Beihilfe) Email:
(e.g. German civil servants)

Would you like to receive the Physiopark email newsletter at this email address (with the option to unsubscribe at any time)? Yes No

How did you find out about our surgery?

Additional charge (only applies to patients with statutory health insurance) Not exempted Exempted

I am aware that if I cannot keep an appointment, I must cancel it at least 24 hours in advance. Furthermore, I have been informed that I will personally be charged € 27,80 if I miss an appointment without giving prior notice or if I do not cancel an appointment in due time.

Data protection

Data protection officer: Mr Roy Obermüller, roy.obermueller@physiopark-regensburg.de, telephone: 09 41 - 60 09 63 - 0

We store this data in the practice administration (EDP): Name, address, date of birth, telephone/ e-mail address and the diagnoses listed on the prescriptions.

For what purpose: To arrange appointments, provide therapy services and billing

Data protection and disclosure: We only pass on data to the respective health insurance company/insurance company and to our computer centre for the purpose of billing services.

The data is not stored outside the EU, i.e. not outside the scope of the European Data Protection Directive.

The data is protected by technical and organisational measures and stored in the IT system.

There is a right to erasure of the data after the therapy has ended, the services provided have been fully invoiced and reimbursed and the statutory retention periods for patient data for physiotherapy practices have expired.

I hereby authorise my therapist to contact me by telephone or in writing to review the success of the therapy.

Regensburg, [date] Signature

Treatment appointment

If an appointment should become available at short notice, would you like us to call and offer you an earlier treatment appointment? Yes No



Submit by Email