Chiro & Co Zentrum für Chiropraktik

Owner: Paul Neumann, MChiro, MSc Chiropractic, Physiotherapist, Heilpraktiker
Kollwitzstraße 1, 73728 Esslingen · Tel. 0711 91206010 · info@chiroco.de

ZENTRUM FÜR CHIROPRAKTIK CHIRO & CO

English convenience translation. In case of doubt or discrepancy, the German version (chiroco.de/formulare) shall prevail.

Registration & Treatment Contract, Minors (0–17 years)

Treatment contract under §§ 630a et seq. BGB · To be completed and signed at the end by a person with parental custody.

1. Details of the patient (child / adolescent) and the person with parental custody

Surname, first name (child / adolescent)	_____
Date of birth	_____
Street / house number	_____
Postcode / town	_____
Health insurer and plan (private / Beihilfe / freie Heilfürsorge / supplementary)	_____
Surname, first name (person with parental custody = contracting party)	_____
Address (if different)	_____
Phone (mobile)	_____
E-mail	_____

How should we bill? ☐ Private / supplementary insurance covering Heilpraktiker services ☐ Self-pay

How did you hear about us? ☐ Internet ☐ Patient referral ☐ Doctor / midwife referral ☐ Practice sign ☐ Other

2. Contracting party, subject of the contract and treatment methods

By signing, you, as the person with parental custody, conclude a treatment contract with the practice Chiro & Co Zentrum für Chiropraktik, owner Paul Neumann (hereinafter “the practice”), for the treatment of the above-named child or adolescent (hereinafter “the patient”). **The contracting party and the person liable for payment is the signing person with parental custody**; minor patients cannot themselves conclude a valid treatment contract. The practice undertakes to provide treatment in accordance with professional standards, but does not guarantee a cure. The treatment methods used, their risks and alternatives are described in the respective information and consent form; consent to treatment is given there. All techniques are adapted to the patient’s age, build and stage of development. We are guided by current scientific knowledge; nevertheless, not all procedures and techniques used in the practice are recognised by conventional medicine. The treatment does not replace diagnosis or therapy by a medical doctor, in particular not by a paediatrician. If assessment by a doctor appears necessary, we will tell you without delay. As a practice of non-medical practitioners licensed under German law (Heilpraktiker), we do not issue sick notes for work or school and do not prescribe prescription-only medicines.

3. Provision of services by the practitioners of the practice

Treatment is provided by an appropriately qualified and authorised practitioner working in the practice. In derogation from § 613 sentence 1 BGB (German Civil Code), you agree that the service may be provided by any such person at the practice (employed or freelance).

4. Fees and information on costs (§ 630c(3) BGB)

For patients with private insurance, Beihilfe or supplementary insurance and for those entitled to Heilfürsorge, we bill our services according to the **German Fee Schedule for Heilpraktiker (GebüH)**, as a rule at the respective maximum rate. The applicable rates are set out in **our fee schedule**, which is annexed to and forms part of this contract. When invoicing, we take the patient’s type of insurance into account as far as possible. For self-pay patients we generally charge the following flat rates: first appointment €120–140, follow-up chiropractic €75–85, follow-up osteopathy €100–115; the exact amount depends on the services actually provided in the individual case.

- Statutory health insurers do not reimburse our services, except for optional benefits that some offer under their own rules.
- Private insurers, supplementary insurers, Beihilfe and freie Heilfürsorge reimburse depending on the plan or the applicable regulations; we give no guarantee of reimbursement. Please clarify reimbursement before treatment begins if possible.
- Individual rates may exceed the maximum amounts eligible for reimbursement, Beihilfe or Heilfürsorge. You bear any difference between reimbursement and invoice as your **own contribution**; our fee remains payable in full by the signing person with parental custody regardless of any reimbursement.

5. Invoicing and delivery

By default, we provide invoices electronically via our practice software Lemniscus. They are retrieved in a data-protection-compliant manner via a two-channel procedure with two-factor authentication (notification by e-mail, activation code by SMS); invoices are not sent by ordinary, unencrypted e-mail. **On request we send invoices by post; for this we charge the current Deutsche Post postage rate.**

6. Appointments, cancellation, lateness and cancellation fee

Appointments are binding and reserved exclusively for the patient. Please cancel an appointment no later than **24 hours** before the agreed start, most easily via the **cancellation link** in your appointment confirmation, alternatively by **e-mail** to info@chiroco.de or **by phone** on 0711 91206010 (outside opening hours, please leave a message on the answering machine). The time at which we receive the cancellation is decisive. If you cancel later or fail to attend without notice, you are in default of acceptance (§§ 615, 293 et seq. BGB). We will then charge the following flat-rate cancellation fee: **first appointment / new patient €60, follow-up osteopathy €50, follow-up chiropractic €40.**

Lateness: Please arrive on time. If you are more than 10 minutes late, there is no entitlement to a full treatment; the treatment ends at the originally scheduled time. If proper treatment is no longer possible in the remaining time, the appointment is deemed missed; we will then charge the respective cancellation fee. The cancellation fee does not apply if the appointment could be given to someone else at short notice; in justified cases of hardship (e.g. medical emergency) we waive the fee. **You remain free to prove that we incurred no loss or a significantly lower loss.** These rules also apply in the event of lateness. The cancellation fee is not a treatment service and is not reimbursed by statutory health insurance, private insurance, Beihilfe or freie Heilfürsorge.

7. Duty to inform

Please inform us truthfully about concurrent treatment by doctors, in particular paediatricians, or other practitioners, any medication taken (including over-the-counter products), pre-existing and underlying conditions, operations and allergies of the patient, in the case of adolescents also about an existing or suspected pregnancy, and about changes in the patient's state of health. Withholding such information may impair the treatment. Please also notify us of changes to contact and insurance details and of changes in parental custody.

8. Debt collection and release from confidentiality

If you do not pay an invoice despite two reminders, we are entitled to hand over the claim to the debt collection agency we have engaged, **Culpa Inkasso GmbH, Schockenriedstraße 8b, 70565 Stuttgart**. It is bound to us by a contract under Art. 28 GDPR and, as a person assisting us, is obliged to maintain confidentiality (§ 203(3) and (4) StGB, German Criminal Code). We transmit the contact and contract data required for enforcement and the **complete invoice, including the diagnosis codes shown on it**. By signing, you expressly release us from our duty of confidentiality, limited to this purpose; this expressly includes the patient's diagnosis codes. The legal basis for the data processing is Art. 6(1)(f) GDPR (legitimate interest in enforcing the claim). The same applies to instructing a lawyer or to court order-for-payment proceedings.

9. Confidentiality and data protection

We maintain confidentiality about everything we learn about the patient and you. Exceptions are statutory disclosure obligations (e.g. the German Infection Protection Act) and the debt collection governed by section 8. We inform the persons with parental custody about all circumstances relevant to treatment; in the case of adolescents with sufficient understanding, we take their interest in confidentiality into account within the limits of the law. The processing of personal data is governed by the **practice's privacy notice (Part A, Art. 13 GDPR)**. You receive it as a separate information sheet with these documents (last sheet of the package, yours to keep); it is also displayed in the practice and available at chiroco.de/formulare; you confirm receipt with your signature under section 11. The processing of health data for the purpose of treatment and the legally required documentation is based on Art. 9(2)(h) GDPR in conjunction with § 22 BDSG (German Federal Data Protection Act) and § 630f BGB and does not require consent. The optional consent to communication by e-mail is dealt with separately on the last page of this contract; it is voluntary and not a prerequisite for treatment.

10. Term and termination

This contract enters into force upon signature, runs for an indefinite period and may be terminated by either party at any time in accordance with §§ 627, 630b BGB. Services already provided will be billed in accordance with the contractual provisions. This contract replaces any earlier fee agreement between the parties.

11. Signature

Consent to treatment is given separately after the informed-consent discussion (information and consent form for adolescents 12–17 years); that form also contains the declaration on parental custody. With my signature I confirm that I **have parental custody** of the above-named patient, have read and understood sections 1–11 and agree to the terms, including the cancellation fee and lateness rule (section 6) and the release from confidentiality for debt collection (section 8).

I have received the practice's privacy notice (Part A).

_____	_____
Date	Signature of person with parental custody

Optional consent: appointment communication by e-mail

Ordinary e-mails are not end-to-end encrypted during transmission. Aware of this, I, as the person with parental custody, voluntarily consent to the practice sending me **appointment confirmations and appointment reminders** by ordinary e-mail to the e-mail address given above and **replying** in the same way to e-mails I write to the practice; these may contain appointment data (name, date, type of treatment). No other e-mail communication takes place, in particular no findings or diagnoses; the practice provides **invoices** exclusively via the secure two-factor procedure or by post, for which this consent is not required. Consent is voluntary and may be withdrawn informally at any time with effect for the future; without it, appointment communication takes place by phone. Legal bases: Art. 6(1)(a), Art. 9(2)(a) GDPR. My signature in this block constitutes the consent.

_____	_____
Date	Signature of person with parental custody

Information on Treatment Methods, Risks and Alternatives, Adolescents (12–17)

Medical information pursuant to § 630e BGB · Please read carefully before the informed-consent discussion

Surname, first name (patient)	_____
Date of birth	_____

Dear patient,

Before you consent to treatment, we would like to inform you about its nature, significance and implications, about possible risks and about treatment alternatives. This form supplements the **personal informed-consent discussion** with the practitioner; it does not replace it. You can view it online at any time (chiroco.de/formulare) to read it at your leisure and prepare questions.

1. Treatment methods

- **Chiropractic:** manual mobilisation and manipulation (adjustment) of the spine and joints, supplemented by soft-tissue techniques and exercises, to restore normal mobility and function.
- **Osteopathy:** manual treatment of structures of the musculoskeletal system, the fasciae and the connective tissue, including craniosacral techniques.

2. Scientific evidence

There is good evidence for manual treatment of back and neck pain; international guidelines (NICE NG59, American College of Physicians 2017) and a Cochrane review (Rubinstein et al., 2019) recommend it or show it to be an effective treatment option. For other conditions the evidence is less clear; where relevant, we put this into context in the informed-consent discussion.

3. Typical reactions to treatment

After treatment you may temporarily experience soreness like post-exercise muscle ache (hours to a few days), a brief feeling of instability, slight tiredness, mild headache or dizziness and, rarely, small bruises. These reactions are normal and subside on their own. Symptoms that first appear more than 24 hours after treatment are generally no longer related to it.

4. Risks of the procedures used in the practice

Overall, the treatment is low-risk. However, as with almost any medical measure, complications can occur, particularly in the case of previously unknown underlying conditions:

- temporary worsening of the existing symptoms,
- worsening of an existing herniated disc, in rare cases with signs of paralysis,
- irritation of nerve roots with temporary, rarely longer-lasting symptoms,
- in severe osteoporosis, in rare cases rib or vertebral fractures,
- unforeseeable damage in the case of undetected tumours, inflammation, malformations or fractures.

Very rarely, manipulation of the cervical spine can injure an artery supplying the brain (dissection of the vertebral or carotid artery), possibly resulting in a stroke and permanent damage. Large studies (including Cassidy 2008) found no higher risk of stroke than after an ordinary visit to a doctor; the temporal association is therefore mostly explained by an already existing, as yet undetected dissection for which those affected seek help. Other studies put the frequency at about 1 in 400,000 to 1 in 5.85 million treatments. Before every treatment of the cervical spine we examine you carefully for risk factors. Should you nevertheless develop unusually severe neck pain or headache, disturbances of vision, speech or gait, severe dizziness or numbness, please contact us or the out-of-hours medical service.

5. Treatment alternatives

Depending on the findings, alternatives include physiotherapy, pain medication, in certain cases surgery, or watchful waiting with physical activity and home exercises. Each alternative has its own advantages and disadvantages, risks and costs; in the informed-consent discussion we talk through which approach is suitable for your situation.

6. Time for reflection

The information is provided early enough for you to make a well-considered decision (§ 630e(2) BGB); this is why this form is already linked in your appointment confirmation. We only treat immediately after the informed-consent discussion if you expressly waive further time for reflection (section 8).

7. Restrictions on your consent

You may exclude individual procedures or body regions from treatment; please note this here, and the restriction will be documented. **Please note:** In the case of restrictions, particularly concerning the cervical spine, as a rule no treatment takes place initially. In this case please call us briefly before your appointment (0711 91206010); we will then discuss how to proceed. The excluded area will only be treated once you have withdrawn the restriction in writing.

Restrictions, if any:

8. Declaration on parental custody, confirmation of information and consent

Parental custody (please tick as applicable):

☐ **I have sole parental custody.**

☐ **We have joint parental custody. I declare that the other person with parental custody agrees to the treatment and has authorised me to decide on the treatment proposed here.**

With my signature I confirm and declare:

- I have read and understood the information in sections 1–7 and had sufficient time to do so.
- I have had a personal informed-consent discussion and was able to ask all the questions important to me. I have no further questions.
- ☐ **I expressly waive further time for reflection and request treatment today.**
- I consent to the proposed treatment, subject to the restrictions noted under section 7. I may withdraw this consent at any time, orally or in writing, without giving reasons, with effect for the future.

Date	Patient's signature	Signature of person with parental custody

You will receive a copy of this signed form (§ 630e(2) sentence 2 BGB).

Fee Schedule

Annex to the treatment contract · Part of the contract · Version: July 2026

For patients with private or supplementary insurance, we bill our services at the **maximum rates of the German Fee Schedule for Heilpraktiker (GebüH)**; we do not charge fees beyond these. For those entitled to Beihilfe (state healthcare allowance for civil servants) or freie Heilfürsorge (free medical care, e.g. for police officers), we bill at the rates in the column "Fee Beihilfe / freie Heilfürsorge". When invoicing, we take your plan into account as far as we are able. For each appointment, the services actually provided are charged; several items may apply in one session. The items and fees customary in our practice:

GebüH item	Service	Fee private / supplementary	Fee Beihilfe / freie Heilfürsorge
1	Comprehensive examination	€20.50	€15.00
5	Consultation, including by telephone	€20.50	€12.00
13.1	Other examinations	€31.00	€6.00
17.1	Neurological examination	€26.00	€21.00
20.1	Breathing therapy, breathing massage, relaxation treatment	€31.00	€8.00
20.2	Nerve point massage	€15.50	€6.00
20.3	Connective tissue massage	€20.50	€6.00
20.7	Medico-mechanical treatment	€26.00	€6.00
21.1	Acupuncture (needle technique), dry needling	€26.00	€23.00
34.1	Chiropractic treatment	€18.00	€4.00
34.2	Chiropractic intervention, targeted	€19.00	€17.00
35.1	Osteopathic treatment, lower jaw	€15.50	€11.00
35.2	Osteopathic treatment, shoulder	€26.00	€26.00
35.3	Osteopathic treatment, hand / foot	€26.00	€26.00
35.4	Osteopathic treatment, collarbone / knee	€15.50	€12.00
35.5	Osteopathic treatment, thumb	€13.00	€10.00
35.6	Osteopathic treatment, fingers / toes	€13.00	€10.00
39.11	Electromechanical / thermal treatment	€31.00	€4.00

Self-pay patients (including those with statutory insurance and no supplementary insurance) generally pay the following flat rates: **first appointment €120–140, follow-up chiropractic €75–85, follow-up osteopathy €100–115**; the exact amount depends on the services actually provided in the individual case. There are no separate rates for children; the same rates apply to children and adults.

Own contribution: Private insurers, supplementary insurers, Beihilfe and freie Heilfürsorge reimburse depending on the plan or assessment rate; reimbursement may be lower than the agreed fee. You bear the difference as your own contribution; the practice's fee remains payable in full regardless of any reimbursement. Statutory health insurers do not reimburse our services, except for optional benefits that some offer under their own rules. The cancellation fee (section 6 of the treatment contract) is not a treatment service and is not reimbursed by any payer.

Treatment services are exempt from VAT under § 4 no. 14 UStG (German VAT Act); therefore no VAT is charged on the amounts stated.

Medical History Form, Adolescents (12–17)

Surname, first name	_____
Date of birth	_____

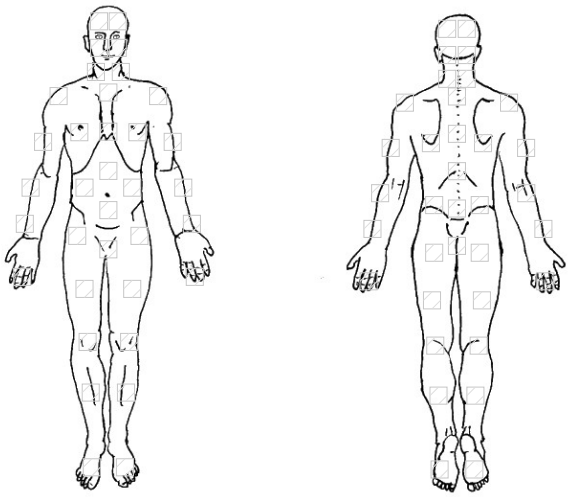
We record your contact and billing details in the registration for the treatment contract; please do not enter them again here.

1. Reason for your visit: Please describe briefly the reason for your visit:

How would you rate your general state of health? 0 (very poor) to 10 (excellent): _____

Are you in pain? ☐ Yes ☐ No Severity of symptoms on a scale from 0 (none) to 10 (maximum): _____

Where are your symptoms located? Please mark the affected regions on the body chart. Please also mark radiating pain, tingling or numbness. You can also draw directly with the pen tool.



How long have the symptoms been present? ☐ Days ☐ Weeks ☐ Months ☐ Years
How did the symptoms begin? ☐ suddenly ☐ gradually

What triggered the symptoms (e.g. accident, lifting, sudden movement)? _____
Have you had similar symptoms before? ☐ Yes ☐ No

What makes the symptoms better?_____

What makes the symptoms worse? _____

Do the symptoms change over the course of the day (morning, midday, evening, night)? _____

Which treatments have you already tried, or where are you currently being treated? _____

_____

Do you do sport regularly? ☐ Yes ☐ No If yes, which? _____

2. Medical history

Have you suffered or do you suffer from the consequences of:

	Yes	No	Details
Accidents	☐	☐	
Fractures or torn ligaments	☐	☐	
Operations *(which, when?)*	☐	☐	
Other injuries	☐	☐	
Has this left any permanent damage?	☐	☐	

Do you have or have you had any of the following conditions?

	Yes	No	Details
Cancer	☐	☐	
Rheumatic disease	☐	☐	
Cardiovascular disease	☐	☐	
Stroke / circulatory disorder of the brain	☐	☐	
Thrombosis / tendency to thrombosis	☐	☐	
Metabolic disease *(e.g. diabetes)*	☐	☐	
Infectious disease	☐	☐	
Skin disease	☐	☐	
Mental illness	☐	☐	
Recurrent or chronic illnesses	☐	☐	
Genetic conditions or connective tissue disorders	☐	☐	

Do you suffer from ...

	Yes	No	Details
Headaches / migraine	☐	☐	
Dizziness	☐	☐	
Visual disturbances	☐	☐	
Ringing in the ears (tinnitus)	☐	☐	
Jaw problems	☐	☐	
Nausea / heartburn	☐	☐	
Breathing difficulties	☐	☐	
Poor concentration	☐	☐	
Unintentional weight loss	☐	☐	
Digestive disorders / abdominal pain	☐	☐	
Snoring and/or mouth breathing	☐	☐	
Growing pains	☐	☐	
Other, please explain	☐	☐	

Further questions:

Time per day spent on TV, computer or smartphone (approx.): _____

Do you take any medication? ☐ Yes ☐ No If yes, which? _____

Do you smoke, drink alcohol or use drugs? ☐ Yes ☐ No If yes, what? _____

3. Your expectations of us

4. For girls and women

	Yes	No	Details
Do you have a menstrual cycle? If so, how long is it?	☐	☐	
Do you have symptoms during your cycle?	☐	☐	
Are there any gynaecological diagnoses?	☐	☐	
Could you be pregnant?	☐	☐	

Patient Information on Data Protection (Part A)

Information pursuant to Art. 13 and 14 GDPR · This sheet is yours to keep; you may take it with you or leave it at the practice. It is also displayed in the practice and available at chiroco.de/formulare. No signature is required here; you confirm receipt with your signature under the treatment contract.

The protection of your personal data, in particular your health data, is important to us. This notice explains which data we process for which purposes, on what legal basis, to whom data are passed on and what rights you have. For minor patients, this notice is addressed to the person with parental custody who concludes the treatment contract; it then covers the child's data and, where collected, the data of the person with parental custody.

1. Controller

The controller within the meaning of Art. 4(7) GDPR is: **Paul Neumann, Chiro & Co Zentrum für Chiropraktik, Kollwitzstraße 1, 73728 Esslingen**, phone: 0711 91206010, e-mail: info@chiroco.de.

No data protection officer has been appointed, as the statutory requirements for a mandatory appointment (Art. 37 GDPR in conjunction with § 38 BDSG) are not met in our practice. The contact for all data protection matters is the owner, using the contact details above.

2. What data we process

We process the data you provide during registration, history-taking and treatment, as well as the data generated in the course of treatment, and also findings and reports made available to us with your consent by other treating doctors or therapists. These include in particular:

- basic and contact details (name, address, date of birth, phone, e-mail address), for minors additionally the name and contact details of the person with parental custody,
- health data (medical history, findings, diagnoses, course of treatment, information and consent, therapy recommendations) as a special category of personal data under Art. 9(1) GDPR,
- appointment and communication data (appointment bookings, reminders, correspondence),
- billing data (invoices including diagnosis and service codes, payment status, type of insurance, e.g. private insurance, Beihilfe or freie Heilfürsorge).

3. Purposes and legal bases of processing

Purpose of processing	Legal basis
Establishing and performing the treatment contract (registration, appointment scheduling including confirmations and reminders, patient administration)	Art. 6(1)(b) GDPR (contract)
Treatment, history-taking, examination and the legally required treatment documentation (§ 630f BGB)	Art. 9(2)(h) GDPR in conjunction with § 22(1) no. 1(b) BDSG and § 630f BGB. Separate consent under data protection law is not required for this and is not obtained.
Billing of treatment, invoicing and payment processing	Art. 6(1)(b) GDPR; for health data in the invoice Art. 9(2)(h) GDPR in conjunction with § 22 BDSG
Compliance with statutory retention and record-keeping obligations (e.g. tax law)	Art. 6(1)(c) GDPR in conjunction with § 147 AO (Fiscal Code), § 630f BGB
Debt collection in the event of non-payment (dunning and order-for-payment proceedings, collection agency, lawyer); defence and assertion of legal claims	Art. 6(1)(f) GDPR (legitimate interest in enforcing our claims), for health data Art. 9(2)(f) GDPR; additionally the release from confidentiality given in the treatment contract
Appointment confirmations and reminders by ordinary e-mail and replies to your e-mails (invoices: only via the secure two-factor procedure or by post)	Art. 6(1)(a) and Art. 9(2)(a) GDPR (separate, voluntary consent that may be withdrawn at any time; it can be given in the e-mail block at the end of the treatment contract)

4. Recipients of your data and processors

Within the practice, persons are given access to your data to the extent necessary for their respective tasks. The practice team supports the practitioners and in doing so also has access to the patient record, for example when preparing and recording medical histories, when checking the treatment documentation for billing, and in appointment and invoice administration. All persons working in the practice are bound in writing to confidentiality and to compliance with data protection.

We use the following service providers to run the practice. Where they act as processors on our behalf, they are bound by a contract under Art. 28 GDPR and may process your data only in accordance with our instructions:

Service provider	Service and data concerned
pgt technology scouting GmbH ("Lemniscus" software), Ruschgraben 51, 76139 Karlsruhe	Practice management and documentation software: basic, appointment, treatment and billing data; secure electronic delivery of invoices. Operated on AWS infrastructure in physically separate data centres in Germany; BSI C5 Type 1 attestation, GDPR compliance certificate (interev GmbH), IDW PS 880 and GoBD software attestation.
eTermin GmbH, Mättivor 3, 6430 Schwyz, Switzerland	Online appointment booking, appointment confirmations and reminders: name, contact details, appointment data.
IONOS SE (Germany)	Hosting of the practice website and associated technical services.
Microsoft Ireland Operations Ltd. (Microsoft 365)	E-mail mailboxes and Office applications of the practice: correspondence and the data contained in it.
Tax advisers: Kümmerer & Weiss PartG mbB,	Bookkeeping and tax obligations: billing and payment data. The tax advisory firm is an

In den Burggärten 20, 72622 Nürtingen	independent controller and bound by professional secrecy.
Culpa Inkasso GmbH, Schockenriedstraße 8b, 70565 Stuttgart	Debt collection only in the event of non-payment despite two reminders: contact and contract data and the complete invoice including the diagnosis codes shown (details and release from confidentiality: section 8 of the treatment contract).

We do not transmit data to your private health insurer, Beihilfe office or Heilfürsorge office; you submit the invoice for reimbursement yourself. Beyond this, we only pass on data if there is a legal obligation (e.g. under the German Infection Protection Act) or you have consented in the individual case (e.g. sending findings to other treating doctors or therapists).

5. Data transfers to third countries

- **Switzerland (eTermin GmbH):** An adequacy decision of the European Commission under Art. 45 GDPR exists for Switzerland. The transfer is therefore permitted without further authorisation; data protection there is comparable to that of the EU.
- **USA (Microsoft 365, Amazon Web Services):** Processing takes place primarily in data centres in Germany or the EU (Lemniscus data: AWS data centres in Germany). Where access from the USA is nevertheless possible (e.g. support and maintenance by the parent company), the transfer is based on the adequacy decision for the EU-US Data Privacy Framework (Art. 45 GDPR); Microsoft and AWS are certified under the Data Privacy Framework. In addition, standard contractual clauses of the European Commission (Art. 46(2)(c) GDPR) have been agreed. You can request a copy of the safeguards using the contact details given in section 1.

6. Storage period

We retain the treatment documentation for ten years after completion of treatment in accordance with § 630f(3) BGB; documents relevant to billing are subject to the ten-year retention obligation under tax law (§ 147 AO). In special circumstances we retain documents for longer, for example as long as this is necessary for the assertion or defence of legal claims (limitation periods under civil law of up to 30 years). Once these periods have expired, the data are erased or destroyed in a data-protection-compliant manner.

7. Your rights

Under the GDPR you have the following rights, which you can exercise at any time using the contact details given in section 1:

- access to the data processed about you and a copy of these data (Art. 15 GDPR); in addition, you have the right to inspect your patient record under § 630g BGB,
- rectification of inaccurate data (Art. 16 GDPR),
- erasure (Art. 17 GDPR), unless statutory retention obligations prevent this,
- restriction of processing (Art. 18 GDPR),
- data portability (Art. 20 GDPR),
- the right to object, on grounds relating to your particular situation, to processing that is based on Art. 6(1)(f) GDPR (Art. 21 GDPR),
- withdrawal of consent given, with effect for the future (Art. 7(3) GDPR); the lawfulness of processing carried out until withdrawal remains unaffected.

8. Right to lodge a complaint with the supervisory authority

You have the right to lodge a complaint with a data protection supervisory authority (Art. 77 GDPR). The supervisory authority responsible for us is: **Der Landesbeauftragte für den Datenschutz und die Informationsfreiheit Baden-Württemberg, Lautenschlagerstraße 20, 70173 Stuttgart** (postal address: Postfach 10 29 32, 70025 Stuttgart), phone: 0711 615541-0, e-mail: poststelle@lfdi.bwl.de, www.baden-wuerttemberg.datenschutz.de.

9. Obligation to provide data and automated decision-making

Providing your basic, contact and health data is necessary for concluding and performing the treatment contract; without these data, careful treatment and billing are not possible. By contrast, the optional consent to appointment communication by e-mail (e-mail block of the treatment contract) is voluntary and not a prerequisite for treatment. Automated decision-making including profiling (Art. 22 GDPR) does not take place.

Version of this notice: July 2026. This document replaces the previous posted notice “Patient information on data protection”, the previous “Declaration of consent to data processing” and the earlier declaration sheet (Part B).