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## Data Protection Statement

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in accordance with section 11b of the Austrian  
Insurance Contract Act (VersVG) for direct billing  
and direct billing mandates

Patient tag

This declaration of consent applies to your inpatient stay or day patient treatment at the Goldenes Kreuz Private Hospital.

### I. Transmission of health-related data for direct billing purposes

With respect to my hospital stay as stated above, it is possible that the costs of the services of the hospital and the medical fees, as far as they are covered by my insurance coverage, will be settled directly between the doctor/hospital and private health insurance company (direct billing).

I have been informed that the following personal health-related data will be transmitted from the hospital to the insurer for the purposes of this direct billing without me being informed in detail beforehand:

- (1) For the purposes of obtaining confirmation of the cover from the insurer:  
Data regarding my identity, the insurance relationship and the diagnosis upon admission (information regarding the reason for the inpatient admission or the outpatient treatment, as well as regarding whether the treatment is required as a result of an accident);
- (2) For the purpose of billing and reviewing the services:
  - a) Data regarding the treatment services provided (information regarding the reasons for the treatment and the scope of the treatment), including the operation report;
  - b) Data regarding the duration of the inpatient stay or the treatment; and
  - c) Data regarding discharge or termination of the treatment.

I have been informed that I may also **prohibit** the transmission of the data stated above under (1) and (2) **at any time**, but that this could result in the insurer refusing cover, at least on an interim basis, and I shall remain liable for payment for those services that would otherwise be covered by the insurance. This would mean that I would have to pay the costs of the hospital services myself.

Since these costs often amount to an average of approximately €1,000 per day of the stay at hospital, I have been **strongly advised to obtain a cost estimate** from the hospital's administration office before deciding whether to prohibit transfer of the data.

I have also been informed that further data may be required in order to assess the extent of the insurance company's obligation to pay benefits. My private health insurance company will ask me to provide individual consent if this is the case.

I acknowledge that if this individual consent is not provided, the insurance company may refuse to pay the invoice and I will then have to pay the hospital invoice and the medical fees myself. In this event I will clarify my claims against the insurance company myself.

## **II. Direct billing mandate**

I hereby instruct the Goldenes Kreuz Private Hospital and the doctors entitled to charge the fee to bill claims from my medical expenses insurance directly to the insurer. I acknowledge that for direct billing purposes, the data stated in I (1) and (2) above will be obtained by the insurer by obtaining information from the Goldenes Kreuz Private Hospital and from the physicians entitled to charge the fee. In the event that the declaration of consent is withdrawn (see I), the direct billing mandate for your claims with the hospital shall also cease to apply.

## **III. Release from the duty of medical confidentiality**

For the purposes of direct billing, I hereby release the physicians and hospital staff from their duties of medical and other professional confidentiality towards the insurer with respect to the data stated in section I.

Vienna, on \_\_\_\_\_

Patient's signature