

## Consultation agreement and consent to data collection

**Provider**                      **KD Ernährungskonzepte**  
**Langenscheidtstr. 9**  
**10827 Berlin**

**Customer/ Patient**      Mr / Mrs: \_\_\_\_\_  
   birthdate: \_\_\_\_\_  
   adress: \_\_\_\_\_  
   phone number: \_\_\_\_\_  
   e-mail-adresse: \_\_\_\_\_

- The dietary therapy measure is carried out according to a doctor's certificate of necessity (I bring this to the first consultation session)
- Nutritional counseling is provided for the following focus:

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**The measure includes the following priorities:**

- Initial and follow-up consultations
- Implementation of medically prescribed diet therapy
- Body fat measurement (BIA measurement)
- Attendance of a course/seminar

**Duration and fees**

For a description of the services and fees, please refer to the attachment. The structure of the consulting as well as the implementation of the individual topics may vary. (Attachments: cost estimate)

I am responsible for the subsidy of the consulting costs by my health insurance.

I undertake to pay the costs incurred. These can deviate after arrangement from the cost estimate.

**I pay ....**

- In cash, after each appointment
- By invoice, as a bank transfer
- By Paypal

The consultant alone is not responsible for the course and success of the measure. Only through my own initiative and personal responsibility do I achieve success.

### **Data collection**

Hereby I agree voluntarily and before the beginning of the treatment that by KD Ernährungskonzepte personal data for the following purposes are raised, processed, stored and used as well as to all participants necessary for the fulfillment of the contract, e.g. health insurance companies, physicians, tax counsels

and there also processed and used for the following purposes:

- Contact with the patient (e.g. making appointments, cancelling appointments)
- Invoicing of provided treatments with the health insurance company or the patient
- Preparation of therapy reports for the prescribed physician (at the patient's request)
- Follow-up offers
- Invoicing, bookkeeping

I have received the following notices:

All personal data of my person collected within the scope of the aforementioned purposes will be collected, processed, used and transmitted in compliance with the DSGVO and the BDSG. The collection, processing and use of my data are on a voluntary basis. I can refuse my consent or revoke it at any time with effect for the future.

- with the consequence that, for example, the consultation cannot be billed to the health insurance company
- the physician does not receive any information about the contents
- the consultation cannot take place (accounting, bookkeeping)

I must address a revocation to:

**KD Ernährungskonzepte**  
**Langenscheidtstr. 9**  
**10827 Berlin**

In the event of revocation, my data will be deleted upon expiry of statutory periods and if such periods are no longer to be observed, upon receipt of the declaration of intent. The practice will forward my revocation to the above-mentioned third parties, who will in turn delete my data. I can request information about the data stored about me at any time and am entitled to request correction, deletion or blocking of individual personal data at any time.

### **Failure fee in case of missed appointment:**

In case of non-observance of an appointment, which was not canceled at least 24 hours in advance, costs arise, according to § 615 BGB in the amount of 80% of the price.

I confirm the accuracy of the above information. I agree to electronic data collection and storage.

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place, date, signature