HAHN, GRASS & PARTNER
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DECLARATION OF CONSENT

Until revoked, I agree that my attending physician may disclose all information from my patient documentation (i.e., information about my condition at the time I accepted consultation or treatment, the history of my illness, the diagnosis, the course of the illness, and the nature and extent of the consultative, diagnostic, or therapeutic services, including the use of drug specialties)

- **to other physicians as part of the referral process**
- **to other physicians**
- **may request this information from other physicians**
- **may request the information in the course of laboratory assignments**

The disclosure and request for information may be made solely for the purpose of my treatment.

I can revoke this consent at any time by letter, email or telephone. The lawfulness of the processing of my data until the receipt of the revocation remains unaffected.

Furthermore, I agree to the transfer of my data (including diagnosis) to my social security institution for billing purposes.

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Date

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Signature of the patient
or the legal representative