

# Declaration of consent

## Delivery of results to other doctors and/or medical institutions

Patient's name (in block capitals): \_\_\_\_\_

Social security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I agree for

my test results from \_\_\_\_\_ (Date)

my test results until further notice

to be sent to the recipient(s) below.

### Recipient 1:

First name and surname and/or name of the medical institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (if applicable): \_\_\_\_\_

additionally by fax, fax number: \_\_\_\_\_

### Recipient 2:

First name and surname and/or name of the medical institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (if applicable): \_\_\_\_\_

additionally by fax, fax number: \_\_\_\_\_

**According to the Data Protection Act or the Health Telematics Act, the sending of reports by email is not permitted** as the protection and integrity of the data cannot be guaranteed when sent by email.

The consent I have given in this context is voluntary and can be revoked at any time without giving reasons (by email: [datenschutz@labors.at](mailto:datenschutz@labors.at) or by letter: Mühl-Speiser-Bauer-Spitzauer und Partner Fachärzte für medizinische und chemische Labordiagnostik OG, Kürschnergasse 6b, 1210 Wien).

The legality of the transfer of the results to the specified recipient(s) remains unaffected by this until the revocation has been received.

Date: \_\_\_\_\_ Patient's signature: \_\_\_\_\_

For children, signature of the legal guardian is required.