Application Form for Registration

Patient Information

CIP society has developed a system of digital documentation in form of an electronic health record directed to you as a patient. Here, your essential treatment data regarding the fields of stomatology (with emphasis on cleft lip and palate, congenital and/or acquired malformations, dysgnathia as well as chronic conditions such as tumors, bisphosphonate-associated osteonecrosis of the jaw etc.), neurosurgery (degenerative spinal diseases as well as diseases of the head area within the range of neurosurgery) and other chronic conditions are being recorded and made available for further treatment.

You have the **sole discretionary power** concerning your health record and medical data. You alone decide on who may file or change what kind of data within your health record and who is permitted to utilise which information. In a first step, your data is solely being collected and filed in digital form.
The activation of your health record and the associated data processing are then being carried out in a second step that requires a separate consent. It is only after this consent that you have access to your record and consequently the possibility to decide whether others (e.g. physicians) may have access to it. Henceforth you and, given your consent, your attending physicians have the possibility to access your recorded data from anywhere you want to. This enables short-term expert consultations.

Within this process, the highest security standards concerning data privacy, comparable to online banking standards, are being followed. Excellent data availability at any given time and wherever you are located enable you to access your personal medical record easily and quickly.

CIP society creates your personal health record against payment of a onetime set-up fee of € ..... . Starting from the day of activation, you can then utilise the services of CIP society against a monthly fee of € ..... . If you so wish, we kindly ask you to provide us with the the signed patient information as well as the informed consent in writing.

Your personal medical data and information are liable to medical confidentiality. Therefore, you need to authorise your attending physicians to release medical information in order for them to provide it to CIP society. CIP society for their part will keep this data strictly confidential and adhere to all data privacy regulations. For further queries or issues please don‘t hesitate to contact CIP society and particularly Prof. Dr. Dr. Katja Schwenzer-Zimmerer as patroness.

Please return the filled documents „Authorisation for Release of Medical Information“ and „Appliction for Registration“ to one of the addresses listed below or via e-mail in order to ensure smooth processing with digitising and recording data.

CIP society
Inzlingerstraße 200
CH-4125 Riehen
Switzerland

CIP society
Burgholzweg 85/1
D-72070 Tübingen
Germany

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Informed Consent

I _____

Name of patient, name of parent or legal guardian

was explained that for this electronic health record, my data is firstly being recorded, collected and filed. The purpose of this acquisition of my medical data is clear to me. I know that in order for my record to be activated, in a second step I will be asked for another consent that I need to agree to separately. It is only after this consent that I can access the record and consequently decide whether others (e.g. physicians) may have access to it.
I had the opportunity to ask questions and understood and accepted the given answers. Moreover I was assured that, naturally, all data and personal information within the scope of my treatment are liable to medical confidentiality.
I agree that CIP society, who I hereby authorise, collects, records, and files my data in a first step for the purpose of starting an electronic health record.

I know that this authorisation is voluntary. I know that I have the right to revoke the usage of the health record at any given time and without giving reasons. This decision will not result in any negative impact on my physician‘s treatment in the future. If I revoke my consent to data privacy, the information that has already been filed will be deleted and may be provided to me beforehand.
I received a copy of the patient information and of this consent form. Hereby, I declare my/my child‘s consent to be registered with an electronic health record.

Surname, first name

Date of birth

Address (street, postcode, city)

E-mail address

Phone number

Place, date, signature

CIP society
Inzlingerstr. 200
CH - 4125 Riehen

Basler Kantonalbank
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Clearing-Nr. 770

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