

Participation – and Declaration of consent

Disease Management Programme „Therapie Aktiv – Diabetes im Griff“ (Eng. Active therapy – Taking control of diabetes)

.....
Title, first and last name of the insured person

.....
Social security number

.....
Health insurance provider

.....
Address (street/ postcode/ city)

Therapie Aktiv is a voluntary support programme for type 2 diabetes patients to improve the treatment and care in Austria. The protection of your personal data is of particular importance to us, in offering our services. We would like to explicitly note that you are not obligated to take part in this programme or provide your data for the following purposes. However, it is impossible to take part in the programme if all required data is withheld.

Declaration of consent for processing personal data

I give my explicit consent to the data, included in the participation and declaration of consent form, and the risk data, as collected by my doctor (*blindness (yes/no), eye test in the last 12 months (yes/no), smoker (yes/no), body-mass-index >26 (yes/no), blood pressure > 140/90 (yes/no), year of the diabetes training*), being forwarded to the relevant Therapie Aktiv administrative office (regional health insurance provider of my county/state) within the scope of the participation in the programme. With my consent, the data will be processed by the Therapie Aktiv administrative office for the purposes of providing targeted information about diabetes mellitus, the organisation, implementation and procedures of the programme as well as the creation of statistics. Furthermore, I consent to my doctor being informed of my participation status including name, social security number and health insurance provider, at least once annually.

Termination/ retraction of programme participation or consent for data processing

I can end my participation in the programme or revoke my consent to data processing at any time with my doctor or Therapie Aktiv administrative office (Wiener Gebietskrankenkasse, Wienerbergstraße 15-19, A-1100 Wien, Tel.-Nr. 01 60122-3800, E-Mail: therapie-aktiv@wgkk.at) without reason, and without the legality of the data processing, which took place due to the participation and consent agreement before said termination of contract/ retraction of consent, being affected.

By signing this document, I confirm that I wish to take part in the Therapie Aktiv programme. In this context, I explicitly consent to my personal data being processed for the listed purposes.

.....
Date

.....
Signature of the insured person

Signature of the insured person

Initial registration

Change of doctor

Renewed registration

.....
Title, first and last name of the doctor, contracting partner number

.....
Address

.....
date, signature of the doctor, surgery stamp

The WGKK (Wienerbergstraße 15-19, A-1100 Wien, data protection officer: dsb@wgkk.at) processes the aforementioned personal data and the personal data transferred by your Therapie Aktiv doctor, exclusively. Information as per art. 13 and 14 of GDPR on the processing of your personal data can be accessed via the following link: www.wgkk.at/datenschutz. You have the right to information, correction, deletion and restriction of the processing of your saved data, the right to contest processing as well as the right of data transferability, in accordance with the provisions of data protection legislation. Complaints can be sent to the Austrian data protection office, Wickenburggasse 8, 1080 Vienna.