

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)

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 (Personal and health data according to documentation sheet, e.g. blood pressure, body mass index etc.), 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 (Oberösterreichische Gebietskrankenkasse, Gruberstraße 77, A-4020 Linz, Tel 05 7807-102074, E-mail: leonie.benda@oegkk.at, Fax 05 7807-66112074) without reason.

I would like to take part actively in the Active Therapy programme and will agree therapy objectives together with my doctor (e.g. more exercise, healthy diet, quit smoking, improved blood pressure and laboratory values, weight loss) and orientate myself towards these objectives.

I explicitly consent to the processing of my personal data for the stated 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 OÖGKK (Gruberstraße 77, A-4020 Linz, data protection officer: dsb@oegkk.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.oegkk.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.