



Declaration of consent to perform a video consultation with CGM ELVI

Herewith we / I agree with the following points:

The Kinderwunschzentrum Dresden has informed me / us about the possibility of a video consultation and we would like to participate voluntarily. We have also been informed that no personal data will be collected, stored and processed during the video consultation using the CGM ELVI software. We assure that no recordings will be made during the video consultation. We have taken note of the data protection information regarding the video consultation according to Art. 13 DSGVO.

We agree to transfer our insurance data to the Kinderwunschzentrum Dresden prior to the video appointment.

The withdrawal of the consent is possible with prior appointment cancellation.

The access code for CGM ELVI should be sent to the following e-mail address:

E-mail-address(es):

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Patient's insurance details (person 1):

Name of the health insurance:
Name, first name of insured person:
Date of birth
Health insurance company number:
Personal insurance number:

Patient's insurance details (person 2):

Name of the health insurance:
Name, first name of insured person:
Date of birth
Health insurance company number:
Personal insurance number:

We assure the existence of the insurance coverage as stated above.

Place, Date

Signature (person 1)

Place, Date

Signature (person 2)