



DZVS
Deutscher Zahnversicherungs-Service

RELEASE FROM CONFIDENTIALITY AND PRIVACY POLICY

First name

Last name

Street No.

Postal Code

Place

Phone number

Mobil number

Date of birth

Gender: m/f

E-Mail

Please send me the offer and the application

☐ by e-mail

☐ by post (with return envelope)

Release from confidentiality for the dental office:

To get findings-oriented the best offer for a dental insurance, I give my consent, that my dentist/dental office can forward my personal data (name, phone number, date of birth, e-mail and the health data on my dental status) to the **Deutscher Zahnversicherungs-Service GmbH & Co. KG (DZVS)** by post, fax or e-mail and release my dentist from legal restrictions on his/her dental confidentiality obligation. I am aware that I can withdraw this declaration at any time in the future and require that every data will be corrected, added or deleted and be granted to me for inspection.

Date

Signature

Data privacy consent and contact by DZVS:

I give my consent, that the DZVS can collect, process and use my personal data (name, phone number, date of birth, e-mail and explicit the health data on my dental status) and transmit them for this purpose to the requested insurer within the placement order for contract-related consulting and processing of supplementary dental insurance. If there are already existing contracts with the DZVS or the insurer, the data can also be collected, processed and used. If a dental insurance is arranged by the DZVS, the DZVS is allowed to provide the data of the insurance contract to the dentist electronically as well.

I will get the offer by e-mail or post. The DZVS is allowed to contact me by phone (if necessary after a previous announcement by SMS) or by mail. I can withdraw my consent by e-mail (Beratung@DZVS.de) or by post (to DZVS, Düsseldorfer Straße 38, 40721 Hilden). The information according to article 13 and 14 DS-GVO are available at any time on the website www.DZVS.de and on request, it can be send by mail or post together with the initial information according to § 34d Abs. 1 GeWO by the DZVS.

Date

Signature