

PLEASE COMPLETE THE FORM USING CAPITAL LETTERS

Lfd. No.: _____

Under the current regulations issued by the Lower Saxony Ministry for Social Affairs, each hospital patient can now receive a visit by one person. The authorization for visitations requires the following.

- The truthful completion of this documentation form in its entirety with a valid signature
- The use of a suitable facemask throughout the duration of the hospital visit (no exceptions)
- The assurance that I will adhere to all the staff requirements and follow all instructions given to me by staff

Patient:

Ward / Room:

Visitor Information

Surname, Name:

Street House No.:

Postcode Town:

Telephone Number:

Entry to the clinic (Date and Time):

Exiting the clinic: End of visiting time is 45 minutes after entering the clinic

I hereby certify

- That during the previous 14 days that I have not had contact with a person who has been confirmed as being infected with the coronavirus nor have I or any person close to me been ordered to remain quarantined by a governmental health authority or been recommended to follow voluntary stay-at-home order.
- Both currently, and during the previous days, I have had no cold-like symptoms (e.g. sore throat, coughing, runny nose, fever, loss of smell/taste, gastrointestinal symptoms). I hereby confirm that I have been informed of the applicable rules relating to hygiene. I have also received a copy of the information leaflet „Patient Visits – Information for Visitors “.
- I will leave the hospital premises no later than 45 minutes after the begin of my visiting time.

Date/ Visitor Signature

Data Protection Notice:

Each visitor to our hospital must provide complete and accurate information to our visitor log. The information provided will be used exclusively to contact you in the event of an emergency to help combat the spread of the coronavirus.

Data Protection Notice Pursuant to Art. 13 GDPR

The transmission of your personal data will only take place in accordance with Art. 6 (1) lit. c, d, e and f GDPR in conjunction with the regulations issued by the government of Lower Saxony relating to the protective measures to prevent infection with, and the spread of, the coronavirus, issued on May 19th, 2020. The processing of this information is necessary to identify and inform those people infected with the coronavirus. This is in line with all applicable legal regulations and has the primary function of protecting both your health and that of other people. If necessary, we shall share the collected information with the applicable health authorities.

The information concerned will be deleted once it has fulfilled the purpose for which it had been initially collected. We are unable to name an exact timeframe due to the constantly changing situation of the currently applicable regional laws and guidelines issued by the Robert Koch Institute for contact tracing. However, based on current information, it shall be no longer than one month. You retain the right of rectification, deletion, and restriction of processing in accordance with the regulations listed in Articles 16 to 18 GDPR. You also retain the right to lodge a complaint with the supervisory authority.

Hospital Data Protection Officer: Christian Säfken, Stadionbrücke 6, 30459 Hannover, Tel. (0511) 906 6221, Fax (0511) 906 6018, christian.saefken@krh.eu

Supervisor Authority: The State Officer for Data Protection in Lower Saxony, Barbara Thiel, Prinzenstraße 5, 30159 Hannover, Tel. (0511) 120 4500, Fax (0511) 120 4599, poststelle@lfd.niedersachsen.de