



DATA PROTECTION

PARCOURS DU PATIENT - PP 6.3.4

© 08.2024-version 1.1

17 ch. du Champ d'Anier, 1209 Genève, tél: +41 22 300 66 66, www.therapiedelatourelle.com

Information for Patients Regarding the Processing of Personal Data

We hereby inform you of the purpose for which the above-mentioned physiotherapy practice (hereinafter referred to as the physiotherapy practice) collects, records, or transmits your personal data. We also inform you of the rights you may exercise regarding data protection.

A. RESPONSABILITIES

The physiotherapy practice is responsible for processing your personal data, including your health data. If you have any questions regarding data protection or wish to exercise your rights under data protection law, please contact the practice staff or speak directly with your physiotherapist.

B. DATA COLLECTION AND PURPOSE OF PROCESSING

Your data is processed (collected, recorded, used, and stored) based on the medical treatment contract and legal requirements, with the goal of achieving the medical treatment objectives and fulfilling the associated obligations. The data is collected by your treating physiotherapist in the course of your treatment. We also receive data from doctors and other healthcare professionals currently or previously involved in your care, provided you have given your consent. Only data related to your medical treatment is processed in your patient file, which includes personal data provided on the patient form, such as personal information, contact details, and insurance information, as well as details from the medical treatment, such as health data collected, including medical histories, diagnoses, results, and therapeutic pathways.

C. RETENTION PERIOD

Your patient file will be kept for twenty years after your last treatment. After this period, it will be securely stored, deleted, or destroyed with your explicit consent.

D. DATA TRANSMISSION

We only share your personal data, particularly medical data, with external third parties if permitted or required by law, or if you have consented to the data being shared as part of your treatment.

These data are shared with your health insurance, accident insurance, or disability insurance for the purpose of processing the services provided to you. The type of data shared depends on legal requirements.

Optional: Patient and billing data may be shared with a collection agency for the purpose of debt collection.

Depending on your medical treatment and corresponding consent, data may be shared on a case-by-case basis with other authorized recipients (e.g., doctors, other physiotherapists).

E. REVOCATION OF YOUR CONSENT

Any explicit consent you have given for the processing of your data can be revoked at any time, either in whole or in part. The revocation or request for modification of consent must be made in writing. Upon receipt of your written revocation, and if your data can no longer be processed based on a legal basis other than consent, the data processing will be halted. The revocation does not affect the legality of the data processing that occurred before the revocation.

F. INFORMATION, CONSULTATION, AND ACCESS

You have the right to obtain information about the personal data being processed about you at any time. You may review your patient file or request a copy, which may incur a fee. Any potential costs, depending on the amount of work required to prepare the copy, will be communicated to you in advance.

G. RIGHT TO DATA TRANSFER

You have the right to receive, either for yourself or a third party, the data we process in an automated or digital manner, in a commonly used and machine-readable format. This applies particularly to the transfer of medical data to a healthcare professional of your choice. Any request for direct transfer of the data to another responsible party will be fulfilled only to the extent that it is technically feasible.

H. RECTIFICATION OF YOUR DATA

If you find or believe that the data processed about you is inaccurate or incomplete, you have the option to request a correction. If the accuracy or completeness of your data cannot be established, you have the option to add a statement of dispute.

I am aware of the potential risks associated with the exchange of sensitive personal data (such as unauthorized access by third parties when using insecure communication tools) as well as my rights. I consent to mutual contact between my physiotherapist and myself using the contact details provided above. The physiotherapy practice will transmit information concerning patients exclusively through secure communication channels. I agree that administrative matters, such as appointment rescheduling, may be communicated via unencrypted emails (from a @physio-hin address to recipient addresses such as @bluewin.ch, @gmail.com, etc.).

The Federal Health Insurance Act (LAMa) requires that patients receive a copy of the invoice from the physiotherapist.

By my signature, I confirm my consent to the processing of my data, access to it by the physiotherapist, and its transmission to third parties in accordance with the patient information provided above.