

## Treatment Contract

### Practice for Hormonal Balance and Homeopathy and Practice for Integral Evolution

Patient (**name, first name**): \_\_\_\_\_

Red boxes are mandatory.

- I would like to be treated in the practice for hormonal balance and trauma therapy team Katia Trost or Integral Evolution **myself**. I am informed that the treatment will then be conducted by health practitioner Ulrike Hilpert.
- I, (last name, first name): \_\_\_\_\_ As **guardian/parent** of the patient, I would like to receive treatment for my child/ ward in the Practice for Hormonal Balance and Homeopathy. I am aware that Katia Trost will be conducting the initial consultation and that further treatment will be continued by Ulrike Hilpert. There is no obligation for my child to be treated by Ulrike Hilpert or Katia Trost after the first consultation.
- I accept the **terms and conditions** and **fees** of the Practice for Hormonal Balance and Homeopathy or the Practice for Integral Evolution as a foundation for this Contract. A copy of the terms of service was provided to me with the reservation of my appointment. It is my responsibility, especially after long treatment intermissions, to update my knowledge about treatment conditions, procedures and fees. Current conditions and fees can be found on the websites of the practices.
- I understand that all cancellations with less than 48 hours notice are subject to a cancellation fee (100%)**. The same applies to the non-appearance or premature cancellation of appointments on the patient's part. It is my responsibility to reschedule appointments in time if laboratory results, which are ordered by me and not by the practices, are not available in time for my appointment.
- I hereby expressly **waive** my 14-day **right of revocation** when booking an appointment, as otherwise I will only be able to make an appointment in 14 days when booking an appointment (after expiry of the revocation period). Short-term appointments are then no longer possible. Otherwise, the cancellation rule of the practice is effectively out of order, since the patient could always cancel appointments within 14 days regardless of the cancellation agreement.
- I have taken note of the fact that bills are due **independently of any reimbursement of private Insurance. Bills must be paid in full and in due time within 10 days**. It is my responsibility to clarify the conditions of any insurance policies in advance.
- I understand that to the best of my knowledge and belief, I **must fully disclose** my **medical history**, any medical procedures performed and any medication taken. I am aware that I need to communicate future changes in my health, medication, medical procedures and newly started therapies.
- I agree that invasive measures (e.g. blood drawing) and auxiliary work may be carried out by trained practice personnel.
- (**only for residents of Germany**) :I would like to use the services of **PAS Dr. Hammerl, medical accounting office** for the billing of my appointments (**3% surcharge over the invoice amount**), since the following applies to me:
  - Private insurance
  - Private supplementary insurance
  - Beihilfe: In case you are entitled to receive Beihilfe, please choose whether you would like your bills to follow the rules of Beihilfe OR your private insurance. You can't have both.
  - Long payment period (30 days) instead of 10 days, see above

**If I do not make use of this service, my appointments will be billed in a way, which will not be reimbursed by any private health insurance company in Germany.**

Data relevant for billing purposes is securely encrypted and transferred to PAS Dr. Hammerl in accordance with the requirements of European privacy laws. I can revoke my consent to billing via PAS Dr. Hammerl at any time for the future.

Further information about the accounting of PAS Dr. Hammerl can be found in the appendix of the General Terms and Conditions.

- I have taken note of the **data protection provisions** in the patient contract and have been informed about my rights in this regard. I am aware that some of my data will be made available to employees of the practice for the proper execution of the practice activity within the framework and the provisions of European privacy laws.
- I have hereby been informed and agree that the Practice for Hormonal Balance and Homeopathy or the Practice for Integral Evolution may send out **significant changes to** treatment, terms and conditions and practice organization in the form of a newsletter up to a maximum of two times a year. I can unsubscribe at any time, but then I cannot claim not to have been informed about changes. I will not receive any promotions or similar via this newsletter.
- I agree to receive my invoices via an encrypted **email** download. My password will be sent to me after the first consultation.

OR

- I would like to receive my invoices **by mail only**. This option is mandatory if you decide to use the services of PAS Dr. Hammerl.

Place, date, signature

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