

Declaration of consent to the collection and use of personal health data and, to the release from confidentiality with respect to personal health data and to the collection and use of other data

I. PERSONAL HEALTH DATA

The collection and use of your personal health data under the insurance policy requires your explicit consent. In addition, it is necessary that you release persons or bodies subject to confidentiality obligations (e.g. doctors, hospitals) from their confidentiality obligation to not transmit such data to third parties. You may give your consent to such release from confidentiality also to the insurer so as to enable it to collect your data directly from the bodies concerned by submitting the declaration of consent to the release from confidentiality.

1. Personal health data in relation to the conclusion/amendment of insurance policies

The proposer (policyholder/primary insured) and/or the person(s) to be insured give their explicit consent that, in order to assess whether and under what conditions the proposed insurance contract or the proposed amendment to the insurance contract can be concluded or performed, personal health data may be collected on the basis of indispensable information by the examining or treating doctors, hospitals, other (preventive) healthcare institutions and the notified social insurance institutions.

„Indispensable Information“ means all information required for giving an assessment on the conclusion of the insurance contract or an amendment thereto and/or documents from doctors or other bodies subject to confidentiality obligations. It includes, in particular, required medical documents (medical history, discharge summaries, histologic and laboratory findings, all diagnostic findings, infusion sheet, clinical or medical admission and treatment data). In individual cases, the submission of fewer documents may be sufficient. This consent can be revoked at any time. A revocation has the consequence that the insurer may either reject the proposal or accept the proposal only under modified conditions and/or stop processing it until the required documents are submitted. In such case, cover will be limited or no cover will be provided.

2. Personal health data in relation to insurance claims

The proposer (policyholder/primary insured) and/or the person(s) to be insured consent that the insurer collects his, her or their personal health data to assess its obligation to provide cover subject to the following conditions:

Pre-authorisation:

The proposer (policyholder/primary insured) and/or the person(s) to be insured has (have) taken careful note of the instructions on the possibility of a one-time authorisation and consents (consent) to the direct collection of personal health data by the insurer to enable it to assess, on a case-by-case basis, its obligation to provide cover where Indispensable Information is required from examining or treating doctors, hospitals or other institutions subject to confidentiality obligations.

„Indispensable Information“ for the purposes of the preceding paragraph means information from the above-mentioned doctors, hospitals and other (preventive) healthcare institutions on diseases, health damage, appearances of attrition, physical defects and consequences of accidents related to the specific insurance claim required by the insurer in individual cases to assess its obligation to provide cover.

It includes all medical documents (data on the reasons for inpatient or outpatient treatment, the reasons for an accident, the treatment provided, the length of inpatient or outpatient treatment and the discharge from hospital or the termination of treatment, in particular the history of the current treatment/admission as well the status sheet, the temperature chart with infusion plan, all diagnostic findings, surgical reports, medical progress reports, anaesthetic reports, nursing progress reports, discharge summaries, forensic findings, rescue operations reports and reports of public authorities. The submission of fewer documents may be sufficient in individual cases).

yes no

The proposer (policyholder/primary insured) and the person(s) to be insured may revoke a pre-authorisation for collection of personal health data given to the insurer at any time.

The consent to a pre-authorisation has the following legal consequences for the purposes of § 11a (2)(4) VersVG: Before obtaining the consent of a person concerned (policyholder/primary insured or insured person), the insurer shall notify the person concerned in writing of the intended collection of information required for assessing and fulfilling claims under the policy, specifying the exact data to be collected and the purpose of the intended data collection. The person concerned may object in writing to the intended data collection within 14 days after receipt of such notification, such objection to be received by the insurer within that period, failing which the insurer shall be entitled to obtain the information in accordance with the present declaration of consent. Together with the notification of the intended data collection, the insurer shall instruct the person concerned about his or her right of objection and the consequences of such objection in a clear and comprehensible way.

If no pre-authorisation has been granted, the collection of data shall be authorised on a case-by-case basis.

Instead of granting a pre-authorisation (as described above), the proposer (policyholder/primary insured) and/or the person(s) to be insured may also consent subsequently, on a case-by-case basis, to the collection of his or her (or their) personal health data necessary for the insurer to assess its obligation to provide cover also when concrete insurance claims arise. If such declaration of consent is made subsequently, the assessment of the insurer's obligation to provide cover can be delayed. If no such consent is given on a case-by-case basis, the policyholder/primary insured or the person(s) insured shall obtain (to the required extent) information necessary for the insurer to assess and fulfil claims arising under the policy himself or herself (or themselves) and provide it to the insurer. Before the insurer receives the data necessary for it to assess its obligation to provide cover, claims to benefits under the policy shall not become due. If no data is provided at all, the insurer may be released from its obligation to provide cover.

In the case of revocation of the declaration of consent or in the case of an objection against the collection of data in accordance with the pre-authorisation, intended and notified by the insurer, the policyholder/primary insured or the person(s) insured shall obtain (to the required extent) the information necessary for the insurer to assess and fulfil claims arising under the policy themselves and send it to the insurer. Before the insurer receives such information, claims to benefits under the policy shall not become due.

The proposer and the person to be insured furthermore agree that the insurer shall be entitled to obtain information from social security institutions, public health financing funds and private insurance companies about any personal insurance of the proposer or the person to be insured proposed, existing or terminated (with respect to double insurance).

3. Direct Settlement Mandate

Under medical expenses insurance, the policyholder/primary insured or the insured person(s) can issue a mandate for direct settlement of insurance claims between the insurer and the healthcare provider. Before issuing a concrete mandate, the doctor or the institution whose services are to be settled shall be informed that the insurer is entitled to collect the following personal health data for direct settlement purposes.

a. for obtaining a cover note

- data identifying the policyholder/primary insured or the insured person(s),
- data regarding the insurance relationship and the admission diagnosis (data on the reason for admission as inpatient or for outpatient treatment and data regarding the question whether the treatment is due to an accident);

b. for settling and verifying the service

- data on treatment services provided (data regarding the reason for a treatment and its extent) including the surgical report;
- data on the length of inpatient or outpatient treatment;
- data on the discharge from hospital or the termination of treatment.

The policyholder/primary insured or the insured person(s), whose data are to be collected, may prevent the transmission of data from the doctor or healthcare provider to the insurer at any time. This can have the effect that the insurer first at least suspends cover and the policyholder/primary insured remains liable to pay for the services which would otherwise be covered.

4. Release from the Obligation of Confidentiality

The proposer (the policyholder/primary insured) and the person(s) to be insured releases (release) the persons referred to in paras. 1, 2 and 3 in advance from their medical and other professional confidentiality obligations and from the obligation to maintain official secrecy in accordance with the declaration of consent.

II. OTHER DATA

1. Consent to the collection and use of other personal data

The proposer (policyholder/primary insured) and the person(s) to be insured explicitly agree that the insurer shall be entitled to transmit personal identification data (name, date of birth), registration data, registration status data and insurance claim data [no health data or sensitive data (racial or ethnic origin, political, religious or philosophical belief, sexual life, trade union affiliation)] to other insurance companies in Austria and to receive such data from them in order to assess whether and under what conditions an insurance policy has been taken out, amended or renewed and in order to assess and fulfil claims arising under the policy after an insurance claim has occurred. The aforesaid persons agree to the transmission of the following data to companies entrusted with the processing of assistance cases under an assistance insurance. Name, date of birth, address, insurance contract data.

2. Consent to the use of personal data under the ZIS

The Zentrale Informationssystem (ZIS) (Central Information System) of the Austrian Association of Insurance Companies, 1030 Vienna, Schwarzenbergplatz 7 is an institution of the insurance sector designed to prevent and combat money laundering and insurance fraud and a joint information system for the purposes of § 4 (13) DSGVO 2000. The proposer (policyholder/primary insured) and the person(s) to be insured explicitly agree that the insurer shall be entitled to transmit personal identification data (name, date of birth), registration data and registration status data as well as information about the class of insurance concerned (no health data) under the ZIS in individual cases to other insurance companies in Austria and to receive such data from them in order to assess whether and under what conditions an insurance policy has been taken out, amended or renewed and in order to assess and fulfil claims arising under the policy.

3. Other Use of Data

The proposer (policyholder/primary insured) and the person(s) to be insured agree that the insurer shall be entitled to use personal identification data and contract data (e.g. type of contract, duration, sum insured; no sensitive data) for advice on other financial services products. Proposals regarding other financial services products may be submitted to you (them) by fax, e-mail etc. The above-mentioned data may be used also by group and partner companies (UNIQA Insurance Group AG, UNIQA Österreich Versicherungen AG, Raiffeisen Versicherung AG, SALZBURGER Landes-Versicherung AG, FinanceLife Lebensversicherung AG, UNIQA Finanz-Service GmbH) for the purpose described above.

yes no

The declarations of consent pursuant to clause II. may be revoked at any time.

Please answer both questions by ticking the appropriate box!