



Patient information on data protection

Information under Article 13 of the General Data Protection Regulation (GDPR)

Dental Aesthetics · Doctor medic Claudius-Horatius Moldovan · Simonstraße 3, 33106 Paderborn-Elsen · Version: 03/10/2026
English translation of the German form. In case of doubt, the German version applies.

Key points

The practice processes your data for your treatment, for record-keeping and for billing **on a statutory basis**. Consent is not needed for this and is not requested.

Consent is needed only for additional services, such as appointment reminders by text message. The consents on page 2 are **voluntary**. Your treatment does not depend on them.

1. Controller

Dental Aesthetics, owner Doctor medic Claudius-Horatius Moldovan, Simonstraße 3, 33106 Paderborn, Germany · Telephone +49 5254 65333 · info@da-mvz.de. The practice answers questions about data protection via these contact details.

2. What data we process and why

The practice processes your contact details, date of birth, insurance details and health data: information from the medical history form, findings, diagnoses, X-rays, treatments, information given to you and your consents. The purposes are dental examination and treatment, including work in the practice's own dental laboratory, the patient record required by law, billing to you, to your health insurer or via the association of statutory health insurance dentists, and appointment management.

3. Legal bases

Article 9(2)(h) GDPR in conjunction with section 22(1) no. 1(b) of the German Federal Data Protection Act and the treatment contract (sections 630a et seq. of the German Civil Code, BGB); Article 6(1)(b) and (c) GDPR; for record-keeping, section 630f BGB; for patients with statutory health insurance, Book V of the German Social Code (in particular sections 294 et seq.); for X-rays, section 85 of the German Radiation Protection Act. For the voluntary items on page 2: your consent (Article 6(1)(a) and Article 9(2)(a) GDPR).

4. Who receives your data

Everyone who works at the practice is bound by professional confidentiality. The practice passes on data only where a law permits or requires it, or where you have consented. Recipients may be:

- for patients with statutory health insurance: the Association of Statutory Health Insurance Dentists of Westphalia-Lippe (Kassenzahnärztliche Vereinigung Westfalen-Lippe), your health insurer, the Medical Service (Medizinischer Dienst) and experts appointed by the insurer,
- other doctors, dentists, laboratories or your private insurer – only with your consent,
- service providers who work on behalf of the practice and on its instructions, for example for practice software and IT; they are contractually bound to confidentiality.

The practice passes data to a billing company or a finance provider only with your separate written consent. There is no automated decision-making and no profiling.

5. How long the data are kept

The patient record is kept for ten years after the end of treatment (section 630f(3) BGB). X-rays are kept for ten years; for minors, until they reach the age of 28 (section 85 of the Radiation Protection Act). The practice keeps data longer only where other rules require it or while legal claims are being resolved.

6. Do you have to provide the data?

Without the information needed for treatment and billing, the practice cannot treat you with due care and in full. You may leave out anything marked as optional.

7. Your rights

- Access, rectification, erasure, restriction of processing and data portability (Articles 15 to 18 and 20 GDPR), and inspection of your patient record and copies of it (section 630g BGB). While statutory retention periods apply, the practice cannot erase data; it then restricts processing.
- Withdrawal of consent at any time with effect for the future (Article 7(3) GDPR).
- Complaint to a supervisory authority (Article 77 GDPR). The authority responsible for the practice is: Landesbeauftragte für Datenschutz und Informationsfreiheit Nordrhein-Westfalen, Kavalleriestraße 2–4, 40213 Düsseldorf, Germany, telephone +49 211 38424-0, poststelle@ldi.nrw.de.

Voluntary consents

First name and surname: _____

Date of birth: _____ Legal representative (if any): _____

Please tick every line. A line without a tick counts as “No”. Each consent is voluntary and can be withdrawn at any time without giving reasons – in person at the practice, by telephone or by email. A “No” or a withdrawal has no disadvantages for your treatment.

I consent to the practice ...	Yes	No
a) reminding me of appointments by text message (SMS) Mobile number: _____	☐	☐
b) obtaining information from my GP where needed and sending findings to my GP (release from confidentiality) Name and town: _____	☐	☐
c) giving the following person information about my appointments and my treatment (release from confidentiality) Name: _____	☐	☐

The practice uses this information only for the purpose ticked and does not pass it on for advertising. The consents apply until you withdraw them.

Place, date

Patient's signature

Place, date

Signature of the legal representative (if any)

The patient information on data protection (page 1) is yours to take home. You do not have to confirm that you have received it.