

Release from Medical Confidentiality

for a medical second opinion via SecondView (second-view.eu)

With this declaration, you allow the result of your second opinion to be shared with a person you name, for example your spouse or a family member.

1. Patient

Full name

Date of birth

Address

Case number (if available)

2. Physician released from medical confidentiality

The specialist commissioned via SecondView to provide my second opinion:

Name of physician

Specialty

If the physician is not yet known, this field may be left blank. The release then applies to the specialist who handles the case via SecondView.

3. Authorized recipient

Full name

Date of birth

Relationship to patient

Email address

4. Scope of release

This release covers (please tick):

- ☐ the written second-opinion report including attachments
- ☐ verbal or written explanations of and questions about the report
- ☐ coordination of the clinical question and the handling of the case

Examination / records concerned (e.g. "MRI of the lumbar spine dated DD.MM.YYYY")

5. Purpose, voluntariness and withdrawal

The information may be disclosed solely to inform the person named above about the second opinion. Disclosure to any other third party is not covered.

This release also applies to Q Rad GmbH as operator of SecondView, insofar as it is involved in the transmission and coordination.

This declaration is voluntary. I may withdraw it at any time without giving reasons, with effect for the future, e.g. by email to service@second-view.eu. It is valid until the second-opinion case named above has been completed. I release the physician from medical confidentiality (ärztliche Schweigepflicht) under German law for this purpose.

Place, date

Name in block letters

Signature of patient (or legal representative)

Please send the signed form as a PDF or scan to service@second-view.eu.