

UNIVERSITÄTSKLINIKUM ULM | Zentrum für Seltene Erkrankungen | 89075  
Ulm

## Consent and release from secrecy

**Zentrum für Seltene Erkrankungen**  
Universitätsmedizin Ulm

**Vorstandsvorsitzender**  
Prof. Dr. Klaus-Michael Debatin  
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**Case Management**  
**Bettina Hilbig**  
Kontaktstelle  
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last name, first name, date of birth of the patient

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Address

I have read the information on data protection from the Center for Rare Diseases on data processing and data protection.

I agree that the contact point of the center at the University Hospital Ulm processes health data about me as described in the information, insofar as this is necessary to coordinate the request for my case. As far as this is necessary, I release my treating physicians / psychotherapists and the experts involved from the obligation of confidentiality towards the employees of the contact point.

I consent to the contact point sending experts and doctors from the member institutions of the ZSE (in particular the Ulm University Hospital, the Ulm University and Rehabilitation Clinics / RKU, the Ulm Bundeswehr Hospital and the Günzburg District Hospital) for inspection and analysis.

I agree that the doctors and employees of the ZSE at the University Hospital Ulm can request my data and findings from previous treatments from my treating doctors / psychotherapists, if this is necessary for the diagnosis.

This consent is voluntary and can be revoked at any time by contacting the center's contact point. In the event of revocation, all documents will be returned to the contact point, copies will be destroyed and stored data will be deleted. The revocation does not lead to the inadmissibility of the processing carried out up to then in accordance with the information on data processing and data protection.

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Place and date

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Signature of the patient or legal representative