

1. Informed Consent

Patient Consent Form

Name of patient in block letters:

Date of birth:

I agree to participate in the patient survey and use of the digital support platform "Addison Care" in the project PiloTT-A: Piloting of the virtual telecare technology "Addison".

I have been informed that I can decline to participate without any adverse consequences, especially regarding my medical care.

The Paracelsus Medical Private University Salzburg (Austria) is responsible for conducting the survey in the context of using "Addison Care" as a digital support service for medical care needs.

I have been informed by Mr./Mrs. in a detailed conversation about the nature, type, scope and significance of the survey, as well as the aims of using the Addison Care platform, and have received a copy of this consent form.

It has been explained to me for what purpose, to what extent, on what legal basis and for how long my data from the survey will be stored and what rights I have towards the responsible party with regard to my personal data. I have received a corresponding data protection declaration as well as an information letter.

Furthermore, I agree that the clinic's physicians will hand over my current list of medications to a member of the project team.

In addition, I have been informed that by using the Addison Care platform, my usage behavior of this technology will be transmitted to the Paracelsus Medical Private University, based on data known to me.

Furthermore, I have read the text of this patient information and consent form, which comprises a total of 9 pages. I have had sufficient time to decide. I have no further questions at this time.

I am aware that my participation in the project is voluntary and that I can revoke it at any time without giving reasons and without personal disadvantage for further medical and nursing treatment. In this case, the collected data will be completely deleted and I will be informed about it.

I declare that I am willing to participate in the research project and consent to the associated processing of my personal data and the usage data of the Addison Care platform, which are known to me.

I consent to the processing of my data collected as part of this clinical trial and as described in the "Data Protection" section of this document.

Insofar as special personal data within the meaning of Art. 9 DSGVO, such as health data, are collected, my consent also relates to this information.

I hereby declare my voluntary participation in the survey.

I consent that any personal information I provide for the survey may be stored and scientifically processed by the Paracelsus Medical Private University Salzburg.

My personal information will only be used for this research project. Once the survey has been completed, it will no longer be possible to make any further link to me as a person.

Date

Patient's signature

Date

Surname, first name of the informing staff member