



Treatment Terms and Conditions

Harmoniepraxis – Dr. Ajnacska Rozsasi, ENT Specialist

1. Treatment Agreement / Private Practice

You are being treated in this office as a private patient (Wahlarzt system). Services are billed directly to you. After your consultation, you will receive an invoice which can be submitted to your health insurance provider or private supplementary insurance for potential reimbursement.

As a physician, I am bound by medical confidentiality obligations pursuant to § 54 of the Austrian Medical Act.

2. Fees / Payment Terms

Fees are based on the medical complexity and time involved. Payment is due immediately after the consultation, either in cash, by bank transfer, or – if available – by debit or credit card.

Partial reimbursement from your statutory or private health insurance may be possible but is not guaranteed.

3. Appointment Policy

Appointments are binding. If you are unable to attend your appointment, please cancel at least 24 hours in advance so the time slot can be made available to other patients. Thank you for your understanding.

4. Data Protection (GDPR)

Your personal data will be processed in accordance with the General Data Protection Regulation (GDPR, Art. 6 para. 1 lit. b and c).

Data is used exclusively for the purpose of your medical care. It will not be shared with third parties unless you explicitly release me in writing from confidentiality obligations (e.g., for sharing findings with other healthcare providers).

Further information is available upon request or on my website.

5. Communication Consent

I agree that Harmoniepraxis – Dr. Ajnacska Rozsasi may contact me by phone or email for scheduling appointments or transmitting medical findings.

Patient Declaration of Consent

I,

Name: _____

Date of birth: _____

confirm that I have read and understood the treatment terms and conditions stated above and I hereby consent.

Place, Date: _____

Signature of the patient: _____