

INQUIRY FORM „ips© - Video consultation“

Dear customer*,

we are pleased that you are interested in one of our services. In order to be able to submit you an offer, we need some information about the scope of the planned certification. For this purpose, we kindly ask you to fill in this inquiry form and send it back to us. Thank you very much.

If you have any questions – also regarding this form – please do not hesitate to contact us directly. You will find our contact details at the end of this form.

With best regards

Your datenschutz cert GmbH



Applicant*

Organization:

Address:

Contact person*:

Phone:

Email address:

if applicable,
different invoice
Recipient(s):

Criteria

Note: Video consultation providers require two certificates (data protection & information technology security) to proof the accordance with Annex 31b to the BMV-Ä.

- IT-supported processing of personal data according to Art. 42 DSGVO - information privacy standard© (data protection)
- Video consultation in accordance with § 5 para. 2 lit. a Annex 31b to BMV-Ä SGB V – ips© - Video consultation (information technology security)

Aim

- Initial certification
- Re-certification

Scope (processing operation)

Please name the URL of your video consultation that should be evaluated.

Note: If necessary, please differentiate between the landing page and the portal of the actual video consultation.

In case of whitelabel portals, please highlight those and identify the pilot portal.

Example: „Domain on which the video consultation, including the registration and account login, is accessible (pilot portal and landing page): <https://xyz.de> as well as the whitelabel of the video consultation at <https://xyz.2.de>“.

Description of the processing operation

Please describe the processing operation which should be certified in more detail. If necessary, you may also specify series of operations as a further breakdown of data processing.

Example: „Website visit, physician search, appointment search and booking, physician/patient registration, physician/patient login, contract related customer data collection (e.g. financial accounting), account area functions (document storage, chat, notes), implementation of video consultation, functions during video consultation (recording function, document storage, chat, notes, consultation, invitation of other participants, consultation assistant), online contact form, e-mail newsletter registration on the above mentioned portal, mediation of payment for medical service by provider via an external payment service provider, SMS dispatch of TAN“.

Special data processing

Please add if there are other functions or interfaces on the portal or on the account besides the main function of the video consultation where personal data is processed.

- | | |
|---|--|
| <input type="checkbox"/> Webshop | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Online applicant portal | <input type="checkbox"/> Digital health record |
| <input type="checkbox"/> Practice Management /
Immunization Management | <input type="checkbox"/> Subcontractors with third country
reference according to Art. 44 ff. DSGVO |
| <input type="checkbox"/> Interface to AIS / KIS | <input type="checkbox"/> Interface to payment system |
| <input type="checkbox"/> Other: | |

Locations and number of employees

Please indicate, for the above mentioned processing operation, all relevant locations with the activities performed there as well as the number of employees in FTE (Full Time Equivalent); in addition to the employees of the data protection organization, the employees entrusted with the processing of personal data in the processing operation are counted in particular.

Applicant* Total number of employees in FTE:

Address	Activities	Number of employees
Central		FTE:
Location 1		FTE:
Location 2		FTE:
Location 3		FTE:

Further locations are attached on a separate overview.

Service provider and/or external third party

Please list all relevant service providers and/or external third parties, including their activities (e.g. data center, video service, e-mail/SMS/TAN, support, call center, development, document destruction etc.)

Important: If the service provider and/or external third party has relevant certificates - e.g. ISO/IEC 27001 - please indicate this. Non-certified service providers and/or external third party may have to be visited on site by the evaluators*.

Service provider with address, service, execution location, if applicable which certificate does the service provider have.

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Existing certificates

Do you already have a certification, e.g. information technology security or data protection, Art. 42 DSGVO, ISO 9001, ISO/IEC 27001, IT-Grundschutz?

Do you already have a pentest?

Note: The pentest must not be older than 6 months!

Have you used consulting services regarding the scope?

If so, please indicate from whom?

Yes, from:

No

Can all relevant documents be made available to the evaluator team and the certifying body?

Yes

No, because

Comments

Signature

Place, date

Signature of authorized representative / company stamp

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