**Declaration of consent**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Date of birth:**  |  |

In order to be able to ensure the quality of care, it is important to share your data with or to request it from other authorities in specific situations. Of course, we only do this if required by law or with your permission. Therefore this declaration of consent is needed.

Please indicate below which situations you do or do not consent to.
If you want to withdraw your permission, you can do so at any time with your practitioner or contact the administration where you handed in this declaration.

**Permission for requesting information**

Information is only requested from other authorities when it is relevant / necessary for your treatment. There will not be asked for more information than necessary.

I give permission for **requesting** relevant research and treatment data from:

General practitioner *(*data available)YES or NO

Farmacy (data available)YES or NO

Other referrer, if not the general practitioner *(*data available*)* YES or NO

Previous practitioner, namely:………………………………… YES or NO

**Permission for providing information**

Information is only provided if required and when relevant.

I give permission for **providing** relevant research and treatment data to:

General practitioner *(*data available*)* YES or NO

Farmacy (data available*)* YES or NO

Other referrer, if not the general practitioner *(data available)* YES or NO

Date: …………………………. Name and signature

 ……………………………

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