

## Declaration of consent for information exchange

### Data child

Name:	
Date of birth:	

To provide good care, it is important in specific situations to share or request your information from other organisations. We only do this when required by law or with your consent. Therefore, this consent declaration.

We ask you to indicate below for which situations you give or do not give consent. If you have given consent but wish to withdraw it, you can do so at any time with your caregiver or at the reception where you submitted this declaration.

### Permission to request information

Information is only requested from other organisations when it is relevant/necessary for your treatment. No more information is requested than what is needed.

I give permission for relevant research and treatment data **to be requested from**:

General practitioner ( <i>data known</i> )	YES or NO
Neighbourhood team or municipal organisation regarding youth mental health care	YES or NO
School, namely: .....	YES or NO
Other healthcare organisations, namely: .....	YES or NO
Other: .....	YES or NO
Other: .....	YES or NO

### Consent to provide information

Only information that is relevant is provided, and never more information than necessary for the purpose for which the information is provided.

I consent **to the provision** of relevant research and treatment data to:

General practitioner ( <i>data known</i> )	YES or NO
Pharmacy ( <i>data known</i> )	YES or NO
Neighbourhood team or municipal organisation regarding youth mental health care	YES or NO
School, namely: .....	YES or NO
Other healthcare organisations, namely: .....	YES or NO
Other: .....	YES or NO
Other: .....	YES or NO

**For the adolescent aged 16 and older:**

I hereby give my parent(s)/guardian(s) permission to use the client portal Quli if it is in use: YES or NO

I agree to the use of my email address when necessary for the treatment: YES or NO

*Authoritative parent/caregiver/guardian:*

*Authoritative parent/caregiver/guardian:*

**Contact details**

Name: .....

Name: .....

Signature:

Signature:

Date: .....

Date: .....

*Signature adolescent (12 years or older)*

Name: .....

Signature:

Date: .....

