PERMISSION FORM

ELECTRONIC EXCHANGE OF MEDICAL DATA THROUGH THE LSP

☐ **YES**

I authorize the following healthcare provider to make my data available for consultation by other care providers through the LSP as given in the brochure 'Electronic sharing of your medical data' and/or the flyer 'Better healthcare with the right information' of VZVZ.

☐ **NO**

I do not authorize the following healthcare provider to make my data available for consultation by other care providers through the LSP as given in the brochure 'Electronic sharing of your medical data' and/or the flyer 'Better healthcare with the right information' of VZVZ.

DETAILS OF THE HEALTHCARE PROVIDER TO WHOM I GIVE MY CONSENT:

NAME:	☐ Pharmacy ☐ GP
ADDRESS:	
ZIP CODE AND CITY:	

MY DETAILS

Fill out the information below. Do not forget to put your signature.

SURNAME:	INITIALS:	☐ M ☐ F
ADDRESS:		
ZIP CODE AND CITY:		
DATE OF BIRTH:		
DATE:	SIGNATURE:	

DO YOU WANT TO ARRANGE PERMISSION FOR YOUR CHILD(REN)?

- For children under 12 years old, the parent/guardian gives permission. You can use this form.
- For children aged 12 to 16 years old who want to permit, both the parent/guardian as the child sign the form. The child can fill out a separate form or put his/her signature below.
- Children aged 16 years old give permission themselves.

DATA OF MY CHILD(REN)

Fill out the data of the child(ren) for whom you want to arrange permission below. Children aged 12 to 16 years old put their signature for permission or for their choice to not exchange their medical data. Do not forget to put your own signature below.

			Signature child:
☐ YES ☐ NO	FIRST NAME AND SURNAME: DATE OF BIRTH:	☐ M ☐ F	
☐ YES ☐ NO	FIRST NAME AND SURNAME: DATE OF BIRTH:	☐ M ☐ F	
☐ YES ☐ NO	FIRST NAME AND SURNAME: DATE OF BIRTH:	☐ M ☐ F	
☐ YES ☐ NO	FIRST NAME AND SURNAME: DATE OF BIRTH:	☐ M ☐ F	

DATE:	SIGNATURE PARENT/GUARDIAN:

Submit this form to the healthcare provider to whom you give permission.

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