Permission form

volg je zorg

Your medical data available through the LSP

☐ YES

I **do** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure / leaflet. **YES:** I have read and understand all the information in the 'Yes! I want to share my medical records; Give permission to share your medical records!' leaflet.

☐ NO

I **do not** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure. **YES:** I have read and understand all the information in the 'Yes! I want to share my medical records; Give permission to share your medical records!' leaflet.

GP or pharmacy details

Which healthcare provider does the form concern? ☐ **my GP** ☐ **my pharmacy**

Name: .....

Address: .....

Postcode and town: .....

My details Do not forget to sign the form.

Family name: ..... **Initials:** .....

Address: .....

Postcode and town: .....

Date of birth: ..... **Signature:** .....

Date: .....

Do you wish to arrange permission for your children?

- For children up to age 12: the parent or guardian gives permission. Please use this form.
- For children aged 12 to 16 who wish to give their permission: both the parent or guardian and the child need to sign this form.
- Children aged 16 and over need to give permission themselves and fill-out their own form.

Details of my children

Complete the below details of the children with respect to whom you wish to give permission. **Do not forget your own signature.**

Family name: ..... **Initials:** .....

Date of birth: ..... **Child's signature:** ..... ☐ **YES** ☐ **NO**

Family name: ..... **Initials:** .....

Date of birth: ..... **Child's signature:** ..... ☐ **YES** ☐ **NO**

Do you have more than two children? Please complete a new permission form.

Signature parent or legal guardian: ..... **Date:** .....

Submit this form to the GP of pharmacy your permission concerns.

Version: May 2023