

Informed consent form

Parents and adolescents above age 15 years



Speciallægeklinik for Børn og Unge v/Line Cleemann must in accordance with the data protection regulation provide information about our processing of your child's/yours (youth's) personal data. When we obtain medical records, etc., Speciallægeklinik for Børn og Unge collects and uses personal data about your child/you (youth) for the use in the child's/your (young person's) treatment. This typically concerns name, social security number, health and medical information, parents' marital status, and custody relations.

In connection with examination and treatment of your child/youth (youth), Speciallægeklinik for Børn og Unge v/ Line Cleemann may need to exchange private and confidential information with other partners. Information may only be exchanged to the extent necessary, and only information relevant to examination and treatment is shared.

The clinic's employees are bound by confidentiality. This means that, as a rule, they may not exchange information about your child's/youth's (youth's) health and other personal information without your consent. You can give consent when you are 15 years old

Only the institutions marked below are covered by the consent. A consent to exchange information is valid for a maximum of one year. You can always withdraw your consent in whole or in part if the information has not already been obtained or passed on. You have in general the right to fully or partially opt out of information being exchanged.

Once the declaration of consent has been completed and signed, it is scanned into the child's/young person's electronic record - and the original is shredded.

Consent regarding: _____
(child's/youth's) name *social security number*

Custody (mark the box): Joined Mother Father

Undersigned: _____
Parents name and social security number (block letter)

Hereby gives permission for Speciallægeklinik for Børn og Unge v/Line Cleemann to exchange necessary and relevant information about my child/me (youth) with the following partners:

Partners to exchange with (mark the boxes)	Yes	No	Partners	Yes	No
General practitioner (own doctor)			Hospitals		
Social worker/family counsellor			Health care nurse		
School/daycare/kindergarten/after school club			Insurance company navn:		
Educational, Psychological, Counseling (PPR)			Police		
Foster family, family consultant, municipal support person			Relatives (name):		

Dato: _____

Forældre underskrift _____

Ung over 15 år: underskrift (den unge selv) _____