

## 'Digital sharing of medical data' consent form

Anna Zorggroep keeps a (medical) dossier about you. This dossier contains information that is important for your treatment, such as general details, medical data, test results and/or medication use. With your consent, we can share various data with other external care providers if it is necessary for your treatment. This form is to request your consent. You can withdraw your consent at any time by filling out this form again.

**We request your consent for the following processes. You can tick off the boxes of your choice.**

### 1. Transferring of your medical dossier, including test results and medical images

Not all care providers are allowed access to your medical data. Only those care providers with whom you have a treatment relationship or who are involved in your treatment can see your medical data, if it is necessary for your treatment. If you give consent, external care providers can gain access to your medical data, for example general practitioners, medical specialists and nurses from another organisation, dentists, physiotherapists, laboratories and thrombosis service doctors. Other care providers may be added to this list in the future\*

**Do you give Anna Zorggroep consent to share your medical dossier with other external care providers, if it is necessary for your current or further treatment?**

Yes, I consent       No, I do not consent

### 2. Transferring data about your medication use\*

This overview lists which medicines were prescribed to you and which medicines you have received. By sharing your medication use with other care providers, like your general practitioner, pharmacists and specialists at other hospitals, the receiving care provider can determine which medicines you can use together and which you should not. Sharing these data makes your medication use safe/safer.

**Do you give Anna Zorggroep consent to share your medication use with other external care providers?**

Yes, I consent       No, I do not consent

#### \* **Requesting data about your medication use**

*We are required to check about your medicines at each hospital appointment/admission. We do this for your own safety. We have asked our hospital pharmacist to request this information via the National Exchange Point, a secured platform where information such as medication data from your own pharmacy can be requested. This can only be done if you give consent for your pharmacy. We consider it extremely important that you give this consent.*

*Via [www.volgjezorg.nl](http://www.volgjezorg.nl) you can check who has accessed your data. If our hospital requested your medication data, the name of one of our pharmacists will appear. Requesting this information is automated and takes place at night.*

### 3. Sharing lab results with pharmacists

Pharmacists can access results of certain lab tests which are important for your medication use.

**Do you give Anna Zorggroep consent to share lab results with your pharmacist, if it is necessary for your current or further treatment and medication use?**

Yes, I consent                       No, I do not consent

*\* You can find a list of care provider groups on our website*

**Before filling out this consent form, it is important that you thoroughly read the folder 'Making your medical data accessible to your specialist'.**

#### **Personal details**

Last name & initials: \_\_\_\_\_ m / f

Birth name : \_\_\_\_\_

Date of birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature : \_\_\_\_\_

Place and date : \_\_\_\_\_

#### **If the patient is younger than 16 or is incapacitated\***

Name of requester : \_\_\_\_\_

Relationship to patient : \_\_\_\_\_

Signature : \_\_\_\_\_

Place and date : \_\_\_\_\_

*\*For children up to age 12, signature of the parent/legal guardian is required. If the child is between ages 12 and 16, both the parent/legal guardian and the child must give consent. Children aged 16 or older give consent themselves. If the patient cannot be deemed capable of reasonably assessing his/her interests (is incapacitated), the legal representative can give consent.*

**You can submit this form at the reception in the main lobby or at one of the outpatient clinics of our hospital. You can also mail the form (no stamp required) to:**

**Anna Ziekenhuis  
t.a.v. Toestemmingsregistratie  
Antwoordnummer 10031  
5660 VB Geldrop**