



Medical Consent form

In order to be able to treat your child /adolescent in the best possible way, Børnelæge klinik v / Lise Lykke Thomsen needs to collaborate with your GP and maybe other collaborators and may as part of this collaboration to exchange private and confidential information. Only available information that is of importance for the treatment, may be shared between relevant collaborators. The written consent must ensure that you decide what information is allowed to be exchanged with whom. Information is typically: name, cpr.nr, health and medical information, parental status, custody and other disease related relevant information and examination results from other doctors / hospitals.

It is a legal requirement that consent of the custody holder; and if the child is 15 years old or older, both custody holder and from the adolescent self – should be given before exchange of information. Only the instances that are marked below is subject to the consent. The consent is valid for a minimum of 1 year from the signature and can then be verbally extended. A given consent may be withdrawn at any time by contacting the clinic. Once the declaration of consent has been completed and signed, it is scanned into the child's /adolescent's medical journal - and the original is shredded.

Consent regarding:

Childs name and cpr no (written in capital letters)

Parental custody (tick): Common Mother Father

Parent's name & cpr-number (written in capital letters)

Hereby authorizes Børnelæge klinik V / Lise Lykke Thomsen to exchange relevant private and confidential Information about my child /adolescent to the following partners. I / We hereby confirm that we also have knowledge of the clinic's privacy policy that exists in the waiting room and on clinic's website.

Parent's signature

Adolescents above 15 years signature

| Allowed to exchange data with (tick off): | Yes | No |
|---|-----|----|
| General practitioner | | |
| Health Insurance company | | |
| American embassy | | |
| Other relevant collaborators who) | | |

The consent has been given (day, month, year):. _____.

Consent obtained by Børnelæge Klinik v/Lise Lykke Thomsen d. _____ of _____.(initials)

Scanned d. _____ of _____ . initials