

## CONSENT FOR PROCESSING OF PERSONAL AND MEDICAL INFORMATION

### BACKGROUND

Skåne Care AB will mediate contact with Region Skåne's health and medical care units. As a provider of health and medical care, Region Skåne is subject to rules regarding documentation and handling of patient data according to Swedish legislation, inter alia the Swedish Patient Data Act (Sw. patientdatalagen (2008:835)) and the Swedish Public Access to Information and Secrecy Act (Sw. offentlighets- och sekretesslagen (2009:400)).

According to the Swedish Personal Data Act (1998:204) you have the right to get information about what personal data Skåne Care AB holds about you, including where the data has been collected, the purpose of the processing and to which recipient/recipients the data is disclosed. Application for information shall be made in writing and sent to Skåne Care AB, Trollebergsvägen 5, 222 29 Lund, Sweden.

### CONSENT

1. In order to be able to coordinate and charge for the medical care that you have requested, Skåne Care AB needs your consent to process personal information about you. The data will be processed by employees within Skåne Care AB and by the caregivers involved in your planned medical care. Personal information required to book hotels or other services related to your medical care within the agreement may be disclosed to external recipients to facilitate your medical care and your relatives' stay. The information that we intend to collect and process is: name, age, address and data concerning your medical condition and planned treatments.
2. Do you agree to Skåne Care AB disclosing information about your medical treatment to your relatives?

No

Yes

I hereby give my consent to the processing of my personal and medical data by Skåne Care AB in accordance with items 1 and 2 above.

Date (yyyy-mm-dd):

Date of birth (yyyy-mm-dd):

Printed name:

Signature: