

CONSENT FOR PROCESSING OF PERSONAL AND MEDICAL INFORMATION

BACKGROUND

Skåne Care AB will mediate contact with healthcare givers in southern Sweden to provide you with the requested medical care. Skåne Care is subject to rules regarding documentation and handling of patient data according to European legislation GDPR:2018, inter alia General Data Protection Regulation (2018).

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 Skåne Care intend to collect and process, is name, date of birth, address and data concerning your medical condition and planned treatments. This information will be saved throughout the application/planning process and for a longer period after provision of care to ensure medical follow up, and as required by Swedish accounting legislation. Rejected applications will be automatically deleted once per calendar year unless a cancellation is made beforehand.

According to GDPR:2018, you have the right to, free of charge and once per year 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.

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: