# FP 009 Consent: When I become injured or ill

# Insurance against loss of profits resulting from illness

With my signature, I consent to [name of company], *collecting, using and disclosing*, in connection with the consideration of my employer's case resulting from my sick leave, the information relevant for the company's consideration of my employer's case.

[Name of company] collects information to be able to assess whether my employer has suffered a loss because of my illness and as documentation for my period of illness. In this connection, [name of company] may disclose information that identifies me (such as my civil registration number) and relevant information about the insurance case and my health to the parties from which the [name of company]collects information. [Name of company] will specify to the parties from which information is collected what information is relevant.

***From whom can information be collected?***

With this consent, [name of company] may for one year from the date of my signature collect relevant information from the following parties:

* My current or former general practitioner.
* Public and private hospitals
* Medical specialists, physiotherapists, chiropractors and psychologists.
* Alternative therapists.
* My current or former municipality of residence.
* My current employer.
* Other insurance companies to which my employer has reported the case.
* Others (state the name and other relevant contact information).

With this consent, the specified parties may for one year from the date of my signature disclose the relevant information to [name of company].

***To whom may relevant case information be disclosed?***

With this consent, [name of company] may disclose relevant case information to the following parties in connection with the consideration of my employer's case:

* Medical specialist who is to fill in or prepare a medical specialist’s certificate.
* Other insurance companies to which my employer has reported the case.
* Others (state the name and other relevant contact information).

***What types of information may be collected, used and disclosed?***

The consent covers *collection, use and disclosure* of the following categories of information:

* Medical information, including information about illnesses, symptoms and contacts to the health services.
* Municipal files that illustrate my medical history, rehabilitation programme, test of capacity for work, public pension, etc.
* Financial circumstances, including salary information, tax assessment notices and sickness benefit specifications.

***For what period of time may information be collected?***

The consent covers information for a period of [insert] years prior to the time of onset of the illness and until the time when [name of company] has considered my employer's case.

If the information for that period so warrants, [name of company] may, providing a specific reason, also collect information relating to the time before that period.

***Withdrawal of consent***

I can withdraw my consent at any time with effect for the future. The withdrawal may affect the ability of [name of company] to consider my employer's case.

Date: ………………… Signature: ……………………………………… Civil reg. no.: \_ \_ \_ \_ \_ \_ - \_ \_ \_ \_