# FP 022 Consent: Deceased - child

**Non-life insurance**

With my/our signature(s), I/we consent to [name of company], collecting, using and disclosing, in connection with my/our application for payment after [name and civil reg. no. of the deceased child], *the information about my/our child* which is relevant for the company's consideration of the application.

In this connection, [name of company] may disclose information that identifies my/our child (such as civil registration number) and relevant information about the insurance case and my/our child's health to the parties from which the 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/our signature(s) collect relevant information from the following parties:

* Deceased child's general practitioner.
* Public and private hospitals, clinics, centres and laboratories.
* Medical specialists, physiotherapists, chiropractors and psychologists.
* Labour Market Insurance (<https://aes.dk/>).
* Deceased child's municipality of residence.
* Other insurance companies.
* The police.
* The state administration.
* Statens Serum Institut and the Danish Health Data Board, including information from the Cause of Death Register.
* The administrator.
* Others (state the name and other relevant contact information).

With this consent, the specified parties may for one year from the date of my/our signature(s) 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/our application for payment:

* 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.
* Death certificate, inquest and autopsy reports.
* Police reports.

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

The consent covers information for a period of [insert] years prior to the date of occurrence and until the time when [name of company] has considered my/our application for payment.

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/we can withdraw my/our consent at any time with effect for the future. The withdrawal may affect the ability of [name of company] to consider my/our application for payment.

**🞎If shared custody, mark with an X**

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

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