# FP 016 Consent: When my/our child becomes injured or ill

# Health insurance

With my/our signature(s), I/we consent to [name of company], *collecting, using and disclosing*, in connection with the consideration of my/our case, the information relevant for the company's consideration of the case.

[Name of company] collects information to be able to assess whether the insurance covers the required examination and/or treatment of the injury/illness of [name and civil reg. no. of the child]. 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:

* My/our child's current and former general practitioner.
* Public and private hospitals, clinics, centres and laboratories.
* Medical specialists, physiotherapists, chiropractors and psychologists.
* Alternative therapists.
* Other insurance and pension companies to which I/we have 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/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 the case:

* The private hospital/private clinic at which I/we have chosen to have my/our child examined and treated.
* Sygeforsikringen "danmark" (Health Insurance "danmark") if I/we receive any reimbursements for the treatment covered.
* Other insurance and pension companies to which I/we have 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.

***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 or the time of onset of the illness and until the time when [name of company] has considered the 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/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 the case.

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

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

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