

Disclosure of patient data based on the patient's consent to another health care unit or health care professional for further treatment (section 13 of the Act on the Status and Rights of Patients, Article 6 (1), paragraph a, and Article 9 (2), paragraph a of the Data Protection Regulation).

Patient's name, personal identity code			
<input type="checkbox"/> I give my consent to disclose patient record data relevant to any further treatment of myself/my dependant to the referring physician or the health care units or health care professionals providing any further treatment.	<input type="checkbox"/> I consent to the following health care unit or health care professional to disclose information on myself/my dependant to HUS to the extent that is necessary for the treatment at HUS.	The following parties may disclose information:	
<input type="checkbox"/> I restrict the disclosure of patient record data so that my consent concerns:	<input type="checkbox"/> health centre: _____	<input type="checkbox"/> hospital: _____	
<input type="checkbox"/> information about this treatment only	<input type="checkbox"/> other: _____	<input type="checkbox"/> I restrict the disclosure of patient record data to HUS as follows:	
<input type="checkbox"/> patient record data between the dates:			
<input type="checkbox"/> other restrictions:			
Consent is voluntary and can be altered, restricted or withdrawn at any time. The notification of a change, restriction or withdrawal of consent shall be made in writing.			
The consent is valid until further notice, but with a maximum of two years from the date of signature of this consent form.			
Signature	Date	Signature	