

Disclosure of patient data based on the patient's consent to another health care unit or health care professional for further treatment or the patient's next of kin/another close person (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		
<p>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.</p> <p>I restrict the disclosure of patient record data so that my consent concerns:</p> <p>Information about this treatment only.</p> <p>Patient record data between the dates:</p> <p>Other restrictions:</p> <p>I give my consent to disclose my patient record data</p> <p>To my next of kin or another close person, please specify:</p> <p>I restrict the disclosure of patient record data to my next of kin or another close person:</p>	<p>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.</p> <p>The following parties may disclose information:</p> <p>Health Centre:</p> <p>Hospital:</p> <p>Other:</p> <p>I restrict the disclosure of patient record data to HUS as follows:</p>	
<p>Consent is voluntary and can be altered, restricted or withdrawn at any time.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.</p> <p>The consent is valid until further notice, but with a maximum of two years from the date of signature of this consent form.</p>		
Signature	Date	Signature