

Consent

For the disclosure of health information in connection with current treatment

1. In connection with your treatment with us, may Aleris send information about this to your GP?

☐ Yes ☐ No

If you consent to this, a copy of your medical records will be sent to your GP. You can withdraw your consent at any time. If you have a protected name and address, please provide your GP's name and address:

2. May Aleris obtain health information about previous treatment from, for example, other hospitals, your GP, medical specialists or municipalities?

☐ Yes ☐ No

In relation to your current treatment, Aleris often needs to obtain information from your medical records or X-rays or scan reports from previous treatment.

3. May Aleris disclose health information to other healthcare professionals, e.g. other hospitals, medical specialists, municipalities, chiropractors/physiotherapists?

☐ Yes ☐ No

Aleris often needs to disclose information about your current treatment, which the recipient will require for your further treatment.

Consent regarding your medical records in the Danish health register: Sundhed.dk

1. May Aleris read your medical records on Sundhed.dk?

☐ Yes ☐ No

Medical Records on Sundhed.dk contain the health data that the Danish healthcare system has registered about you. Doctors at Aleris will be able to read your medical records if you consent to this.

2. May Aleris send information from your medical notes to your medical records in Sundhed.dk?

☐ Yes ☐ No

If you consent to this, Aleris may send information from your medical notes to your medical records, where you and other healthcare professionals can access your health information.

Consent to disclose information to your insurance company or the Danish region in which you reside

With your consent, Aleris may disclose your health information in connection with the sending of invoices and copies of your medical notes to your insurance company or the region in which you reside.

1. May Aleris send invoices and copies of your medical notes to your insurance company or the region in which you reside?

☐ Yes ☐ No

Your insurance company will only receive an invoice and a copy of your medical notes if you have been referred by your insurance company.

Your region of residence will only receive invoices and copies of your medical notes if you have been referred by a public authority.

Information for relatives

Aleris may need to inform your relatives about your current treatment. This requires your consent.

If YES - please provide the name, relationship and telephone number of your next of kin:

Patient's name:

Patient's CPR No.:

Email:

Telephone (mobile):

You have the right to withdraw all or part of your consent at any time. You can do this by contacting Aleris. Your withdrawal of consent does not affect the legality of any data processing carried out before you withdrew your consent. Your consent is linked to your specific data processing with us. Consent to the disclosure of information with your insurance company or your region of residence, etc. is valid for a maximum of one year. You can read about the rules for consent and Aleris' processing of personal data at www.aleris.dk.

Date: _____ Signature: _____

For children < 15 years of age:

Parent's name: _____ Parent's CPR No.: _____

☐ I declare in good faith that I have shared custody of the child.

Parent's name: _____ Parent's CPR No.: _____

☐ I declare in good faith that I have shared custody of the child.

Health information

Please complete the form at home and bring it with you to the preassessment.

Name:	CPR-no.:
Height:	Weight:

Medical Information

1. Hypersensitivity to medication?

☐ Yes ☐ No

If yes, which medicines: _____

2. Allergies?

☐ Yes ☐ No

If yes, please specify: _____

Hospital contact

1. Have you previously been admitted to hospital or undergone outpatient surgery?

☐ Yes ☐ No

You can find a list of your previous contacts with the public health service at www.sundhed.dk.

If "yes", please complete the following:

Year (approx.)	Hospital	Disorder/treatment

1. Do you suffer or have suffered from any of the following

Asthma/COPD?	<input type="radio"/> Yes <input type="radio"/> No
Heart disease?	<input type="radio"/> Yes <input type="radio"/> No
High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No
Chest tightness or shortness of breath?	<input type="radio"/> Yes <input type="radio"/> No
Lung disease?	<input type="radio"/> Yes <input type="radio"/> No
Kidney disease?	<input type="radio"/> Yes <input type="radio"/> No
Liver disease?	<input type="radio"/> Yes <input type="radio"/> No
Diabetes?	<input type="radio"/> Yes <input type="radio"/> No
Haemophilia?	<input type="radio"/> Yes <input type="radio"/> No
Hereditary disorders?	<input type="radio"/> Yes <input type="radio"/> No
Neurological disorder?	<input type="radio"/> Yes <input type="radio"/> No
Other disorders?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please specify: _____	

2. Other

Have you been admitted to a hospital abroad within the last six months?	<input type="radio"/> Yes <input type="radio"/> No
Do you or anyone else in your household work with live pigs on a daily basis?	<input type="radio"/> Yes <input type="radio"/> No
Have you previously had a local or a general anaesthetic?	<input type="radio"/> Yes <input type="radio"/> No
Were there any problems with the anaesthetic?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please specify: _____	

Health information, continued

Name:

CPR-no.:

Current medications

1. Are you taking regular medication or herbal medicine? ☐ Yes ☐ No

If "yes", please complete the following. Use another sheet of paper if necessary.

Name of medication	Strenght	Morning	Midday	Evening	Night	As required
(e.g. Ibumetin)	(e.g. 400 mg)	(Amount)	(Amount)	(Amount)	(Amount)	(Amount)

Stimulants

Alcohol (weekly consumption):

Tobacco (daily consumption):

Ex-smoker ☐ Yes ☐ No

Signature

I, the undersigned, confirm that the information provided is correct.

Date: _____ Signature: _____

Some information about consent for the disclosure of health information

The purpose of processing your personal data is to be able to provide you with the best possible treatment. Your personal data will be processed securely, and health information will be processed in accordance with the Danish Executive Order on Licensed Healthcare Professionals' Patient Records. Photo documentation in connection with cosmetic treatment/surgery is performed; please see the Danish Executive Order on Cosmetic Treatment.

Employees at Aleris Hospitals are bound by a duty of confidentiality. In general, this means that they may not disclose information about your health with others without your consent. Consent to disclose information is associated with your current treatment. The exchange of health information is often crucial for successful treatment and appropriate follow-up care. Information may only be obtained/disclosed insofar as this is deemed necessary. Therefore, healthcare personnel will always assess the relevance of the information that is disclosed.

When you use our hospitals, we collect the following personal data:

- **General information:**
Name, address, email, telephone numbers
- **CPR number**
- **Sensitive information:**
Health informations
Before and after pictures for cosmetic treatment:
Any ethnic or religious information
Social history (e.g. the need for home care or municipal rehabilitation)

We may disclose your personal data to:

- Insurance companies, if they are paying for your treatment
- Your GP or a medical specialist
- Public hospitals
- Other healthcare professionals, e.g. private hospitals, physiotherapists, municipalities
- Regions in connection with invoicing if the public health service is paying for your investigation or treatment at Aleris
- Internal affiliates of Aleris

Who can Aleris automatically collect from and disclose information to without your consent?

Healthcare personnel and administrative staff internally at Aleris have access to your personal and health information to the extent that they participate in your treatment or contribute to documentation and invoicing of your treatment.

It may be necessary to obtain relevant health information prior to your visit to Aleris, e.g. a copy of a previous medical record or requestion of X-rays or scan images. This may be done without your consent; see Section 9 of the Danish Health Act. However, you can opt out of this at any time by contacting Aleris Hospitals.

In order to ensure successful treatment and appropriate follow-up care, Aleris may disclose your health information without your consent if you are transferred to a public hospital for further treatment.

A copy of your medical record is automatically sent to your GP after an outpatient visit or surgery at Aleris Hospitals. Please inform Aleris Hospitals if you do not wish this to be done.

If you have stated that your health insurance company will be paying for your treatment, it is a prerequisite for payment that the health insurance company receives a copy of your medical record.

If your region is paying for your investigation or treatment, a copy of your medical record will be sent to the referring hospital department. In addition, information about current treatment, in the form of diagnostic codes and investigations or surgery that have been performed, is sent to the regional office in relation to invoicing that region.

If there is specific information that you do not wish to have disclosed, or if there are healthcare professionals or authorities that you do not wish to be informed, please let us know.

The Danish Health Act requires the hospital to report information about treated patients to the Danish Health Authority's National Patient Register (LPR); see the Danish Executive Order on Doctors' Notification to the National Patient Register of Treatment Carried out at Private Hospitals and Clinics and to Statutory Clinical Databases; see the Danish Executive Order on Reporting To Approved Clinical Quality Databases and Disclosing Data to the Danish Health Authority.

Data will never be transferred to third countries (outside the EU).

Your health records at Sundhed.dk

When starting new treatment at Aleris Hospitals, you must decide whether Aleris may disclose your health information to your health records in Sundhed.dk. Aleris may only disclose your health information to your health records if you give your consent in accordance with Articles 6(1)(a) and 9(2)(a) of the General Data Protection Regulation and Section 41(1) of the Danish Health Act.

Following investigations/treatment at Aleris Hospitals and if you have consented to this, you and other healthcare professionals will be able to view your medical notes from Aleris in your health records at Sundhed.dk. You can withdraw your consent at any time. After this, Aleris will stop sharing your personal data with your health records in Sundhed.dk. Withdrawing your consent will not affect any data processing that has already taken place before you withdraw your consent. You can mark medical record information that has already been sent to Sundhed.dk as private and block others' access to it at sundhed.dk.

Worth knowing

Consent to the disclosure of information for use other than treatment is valid for a maximum of one year.

You can withdraw your consent in whole or in part at any time. You do this by contacting Aleris.

We also refer to our personal data policy at <https://www.aleris.dk/godt-at-vide/om-aleris/persondatapolitik/>