

Consent to refuse disclosure

Refusal to allow the disclosure of my information

Name:

Cpr-no.:

Telephone:

E-mail:

- I do not consent to my health information being sent to my general practitioner ☐
- I do not consent to my health information being sent to Sundhed.dk ☐
- I do not consent to Aleris accessing my medical record on Sundhed.dk ☐
- I do not consent to my health information being shared with other healthcare professionals ☐
- I do not consent to the disclosure of my health information to my insurance company ☐

You are entitled, at any time, to withdraw your consents in whole, or in part. You do this by contacting Aleris staff.

Your withdrawal of consent does not affect the legality of the processing, carried out before you withdrew your consent.

Your consent is linked to your specific treatment with us. Consent to exchange information with your insurance company, or your residential region, etc., is valid for a maximum of 1 year. You can read about the rules for consent and Aleris' processing of personal data at www.aleris.dk

Signature

Date: _____ Signature: _____