

Welcome to the Private Hospital Denmark

Why do we ask for your consent?

All employees at the hospital are under the duty of confidentiality when it comes to any data regarding your health and other personal information that the health professionals obtain during your treatment.

As a fundamental rule no information may be exchanged without your official consent, if these are to be used for any other purposes besides your current treatment. For example this applies when information is disclosed to the home care, relatives or the authorities.

Your consent allows the hospital to forward information to those of your relatives you wish us to inform. If there is any information that you do not want us to forward to your relatives, or if you **only** want them to know that you are admitted, please state it in this form or notify us directly.

We also ask for your consent to obtain relevant details and data from previous treatment elsewhere and to pass on information about your current treatment to health professionals such as the home care or other social authorities. If there is any information you do not want us to disclose or if there are any health professionals or authorities, that you do not wish us to inform, please notify the staff at the reception.

- Have you been in contact with, or have daily contact with live pigs? Yes No
- Have you at any other time been admitted or treated to a hospital in another country within the last 12 months? Yes No
- (If yes; when and what is the name of the hospital and why did you receive treatment?)

Year	Name of the Hospital	Type of disorder

- Have you within the last 6 months been tested positive for the MRSA virus? (*Virus resistant to penicillin*) Yes No
- Have any in your household, been tested positive? Yes No

Personal data

CPR-nr./Social security number:		
Full name:		
Address:		
Zip/postal code and city:		
Tel # work:	Mobile phone #:	E-mail:
Closest relatives:		Phone number:

Your GP:

Doctors name:	
Doctors address:	Zip/postal code and city:
Doctors telephone number:	

Do you take any:

Natural or herbal medication (fx fish oil / omega 3 /garlic tablets)? Yes No

If yes, please note the name of the medication, the potency, how often you take it and reason for the treatment.

Name of the medication	Potency	How often?	Reason for the treatment

Are you allergic to any kinds of medication? Yes No

What kind? _____

Are you allergic to anything else? Yes No

Please write them here: _____

Height: _____ cm. Weight: _____ kg.

Have you experienced unwanted loss of weight in the past 3 months? Yes No

Do you suffer from any chronic/long-term disorders?
(fx. Hypertension, heart diseases, diabetes, metabolic diseases) Yes No

Do you smoke? Yes No

Are you in need of information concerning the relation
between smoking and reduced healing of wounds? Yes No

If you drink alcohol, do you follow the health authority's recommendation:
max 7 objects for women and 14 object for men? Yes No

Do you have any religious or cultural needs that we
should consider during your treatment? Yes No

CONSENT TO EXCHANGE MEDICAL HEALTH INFORMATION

We kindly ask you to carefully read the information provided on the back of this form, before taking a position on the following issues and sign this form of consent (at the bottom).

1: DOES THE HOSPITAL HAVE YOUR APPROVAL IN CONTACTING YOUR RELATIVES?

During your treatment different situations may occur, where we have to contact and inform your relatives. This requires your consent.

I hereby **give my consent**, so that the following people may be contacted and informed of my medical condition and current treatment:

Spouse/cohabitant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Siblings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others (name)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Yes, to all above

2: EMISSION OF LETTERS TO YOUR GP REGARDING INFORMATION ABOUT YOUR TREATMENT AND DISCHARGE FROM THE HOSPITAL

When your treatment is terminated the hospital automatically emits a letter to your GP, substitute for this and/or the medical specialist who referred you to the Private Hospital Denmark.

This is however optional, and you are in position to opt out of the offer of having this information sent to your GP.

I hereby **decline** the offer of having the hospital emit a letter regarding my discharge from the hospital and information about my treatment to my GP, substitute for this and/or the medical specialist.

3: DOES THE HOSPITAL HAVE PERMISSION TO EXCHANGE YOUR MEDICAL HEALTH INFORMATION WITH HEALTH PROFESSIONALS AND/OR THE AUTHORITIES?

There is often a need for the hospital to be able to collect data and information on previous treatments. It might also become necessary to inform the home care, other hospitals and such after ended treatment at the hospital. This requires your consent.

I hereby **give my consent**, so that the instances below may be contacted and informed of my medical condition and current treatment:

GP (besides letter of discharge)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical specialist (besides letter of discharge)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The home care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yes, to all of the above

CONSENT TO EXCHANGE MEDICAL HEALTH INFORMATION

BRIEFING ON THE RULES OF EXCHANGE OF MEDICAL HEALTH INFORMATION

WITH WHOM IS THE HOSPITAL ALLOWED TO EXCHANGE INFORMATION?

Exchange of medical health information is often crucial for a proper, coherent, and successful treatment. Health professionals, involved in your current course of treatment, are legally permitted to exchange any information regarding your treatment, without your consent.

The hospital will as part of routine exchange your current health and treatment information:

- If you are being transferred to a different hospital for further treatment.
- When your treatment is terminated, and we emit a letter regarding your discharge to your GP or the medical specialist who referred you to the hospital.

If you do not approve of the rules of exchange of medical health information, please make sure to notify us.

THE EXTENT OF YOUR CONSENT

The hospital is only permitted to forward information in the extent that is necessary. The staff will therefore always assess the relevance of the information being disclosed.

You always have the right to fully or partially opt out of the information that is emitted. If you choose to do this, you are to be informed of the consequences that may follow and affect your course of treatment.

You are always in position to fully or partially revoke your consent, if however the information has not already been passed on. Consent to exchange information is generally linked to your current treatment. Consent to exchange medical health care information **lasts one year**.

From the age of 15, you are permitted to give valid consent to exchange medical health information.

DO YOU HAVE ANY QUESTIONS?

Do you have any questions regarding the rules of exchange of medical healthcare information, please feel free to ask our staff.

4: SIGNATURE

Date: _____

Your signature: _____
