

Wilt u uw medische gegevens delen?

do you want to share your medical information?

Your treating doctor and all care providers involved in your treatment have prepared an Electronic Patient File (EPD) about you. This is necessary for proper treatment and care. If you have other care providers in addition to OLVG, it may be in your interest to share your information with them. We need your consent for the electronic exchange of your information with other care providers.

What medical information is involved?

This concerns the information required for your treatment such as:


- your name, age, address and Citizen Service Number (BSN)
- information about your health
- overview of your medical problems and conditions
- information about prescription medicines
- medical imaging
- medical history

Sharing your information is done via special computer networks for care. These networks are well secured.

Consent

A care provider may only share your medical information if you agree. Giving consent is not mandatory. The decision is yours.

How do you give OLVG permission to share your medical information?

- On MijnOLVG: log in on a computer and click on 
- In writing: complete and sign the consent form at the back of this brochure. You can hand in the form at:
 - location Oost: Registration desk

- location West: Reception or Service desk

Withdraw or change your consent

Your consent applies until you withdraw it. You can withdraw your consent on MijnOLVG, or use the consent form. Tick 'No'.

To whom do you give permission to view your medical information?

Only the people involved in your treatment have access to your information. They are obligated to maintain confidentiality.

Can all care providers then request your medical information?

Your doctor and care providers at OLVG where you are being treated have access to - part of - your medical information. If you are being treated by another care provider or if your treatment is taken over in full or in part by another care provider, for example, your GP or a specialist at another hospital, then these care providers can view important information about your symptoms. They can also see which treatment you receive.

Care providers treat your information confidentially and carefully.

Why should I make my medical information available electronically?

A good and up-to-date overview of your medical information is in the interest of your treatment:

- Another care provider or pharmacy can immediately view information that is important.
- Because your information is shared, you do not always have to answer the same questions.

Consent of minors

- If your child is younger than 12, then the parent/guardian can give permission.
- If your child is between 12 and 15, then the parent/guardian and the child must give permission.
- If your child is 16 or older, then your child can give permission.

More information

More information about sharing medical information can be found at www.olvg.nl/gegevensdelen.

Hand in this form at the Registration Desk at location Oost, or at the Reception at location West

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Consent form

Making your medical information available

YES

I **do** give my permission to OLVG to make my information available for consultation by other care providers as explained in the OLVG brochure 'Do you want to share your medical information?'

NO

I **do not** give my permission to OLVG to make my information available for consultation by other care providers as explained in the OLVG brochure 'Do you want to share your medical information?'

Hospital details

OLVG
Postbus 95500
1090 HM Amsterdam

My details (to be completed by the patient). **Don't forget your signature!**

Last name

Initials

F

M

Address

Postcode and city

Date of birth

Signature

Date

Do you want to give permission for your children?

- For children under 12: the parent/guardian must give consent. You can use this form to do that.
- For children from 12 to 16 who want to give permission: the parent/guardian and the child must both sign.
- Children from the age of 16 give their own consent and complete their own form.

Details of your children

Enter the details of the children for whom you want to give consent below. Don't forget to put your own signature below.

If you have more than two children, then ask for an additional permission form.

Child details

First and last name	<input type="checkbox"/> F	<input type="checkbox"/> M
<hr/>		
Date of birth	<hr/>	
<input type="checkbox"/> yes	<input type="checkbox"/> no	Signature of child
<hr/>		

Child details

First and last name	<input type="checkbox"/> F	<input type="checkbox"/> M
<hr/>		
Date of birth	<hr/>	
<input type="checkbox"/> yes	<input type="checkbox"/> no	Signature of child
<hr/>		

Signature of parent/guardian

 Date

More information online

- www.olvg.nl

Oost
Oosterpark 9
1091 AC Amsterdam

West
Jan Tooropstraat 164
1061 AE Amsterdam

Spuistraat
Spuistraat 239 A
1012 VP Amsterdam

Onze Algemene Voorwaarden zijn van toepassing: www.olvg.nl/algemene-behandelvoorwaarden

Aanmelden MijnOLVG via www.mijnolvg.nl | Klacht of opmerking: www.olvg.nl/klacht

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