

Consenter's name:

Consenter's civil reg. no.:

Case No.:

## **FP 016 Consent: When my/our child becomes injured or ill**

### **Health insurance**

With my/our signature(s), I/we consent to Mølholm Forsikring, collecting, using and disclosing, in connection with the consideration of my/our case, the information relevant for the company's consideration of the case.

Mølholm Forsikring collects information to be able to assess whether the insurance covers the required examination and/or treatment of the injury/illness of **name \_\_\_\_\_ and civil reg. no. \_\_\_\_\_ - \_\_\_\_\_ of the child**. In this connection, Mølholm Forsikring may disclose information that identifies my/our child (such as civil registration number) and relevant information about the insurance case and my/our child's health to the parties from which the company collects information. Mølholm Forsikring will specify to the parties from which information is collected what information is relevant.

### ***From whom can information be collected?***

With this consent, Mølholm Forsikring may for one year from the date of my/our signature(s) collect relevant information from the following parties:

- My/our child's current and former general practitioner.
- Public and private hospitals, clinics, centres and laboratories.
- Medical specialists, physiotherapists, chiropractors and psychologists.
- Alternative therapists.
- Other insurance and pension companies to which I/we have reported the case.

With this consent, the specified parties may for one year from the date of my/our signature(s) disclose the relevant information to Mølholm Forsikring.

### ***To whom may relevant case information be disclosed?***

With this consent, Mølholm Forsikring may disclose relevant case information to the following parties in connection with the consideration of the case:

- The private hospital/private clinic at which I/we have chosen to have my/our child examined and treated.
- Sygeforsikringen "danmark" (Health Insurance "danmark") if I/we receive any reimbursements for the treatment covered.
- Other insurance and pension companies to which I/we have reported the case.
- Medical specialists, physiotherapists, chiropractors and psychologists.
- Alternative therapists.

### ***What types of information may be collected, used and disclosed?***

The consent covers collection, use and disclosure of the following categories of information:

- Medical information, including information about illnesses, symptoms and contacts to the health services.

### ***For what period of time may information be collected?***

The consent covers information for a period of 2 years prior to the date of occurrence or the time of onset of the illness and until the time when Mølholm Forsikring has considered the case.

If the information for that period so warrants, Mølholm Forsikring may, providing a specific reason, also collect information relating to the time before that period.

### ***Withdrawal of consent***

I/we can withdraw my/our consent at any time with effect for the future. The withdrawal may affect the ability of Mølholm Forsikring to consider the case.

Date: .....

Signature: .....

Civil reg. no.: \_\_\_\_\_ - \_\_\_\_\_