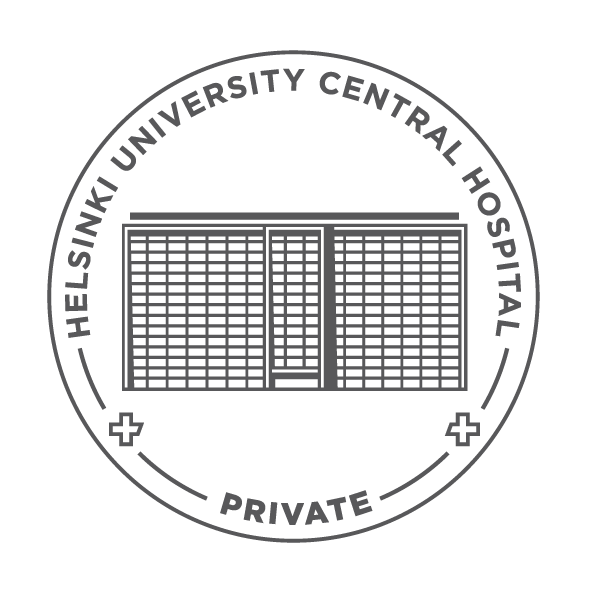
Fast, flexible and good quality treatment often requires physician and/or other care team to access and/or share information to/from other healthcare providers. We kindly ask Your consent to get and/or share information in the way you further identify below. You may always change the permit/denial by signing another permit/denial document. Newest version of this form is applied from the date it is signed. Personnel will help You to fill out this form, if needed.



Patient name:

Patient ID:

I give the care team right to **access** all information that has relevance considering my care

I give the care team right to **access** information relevant to my care restricted by following stipulation:

I do not give the care team right to **access** any information apart their own

I give the permit to get and access information from the following institutions:

GP/Health Centre:

Hospital:

Other facility:

I give HYKSin’s physician the right to **hand over and share** all my medical records to my GP and/or other healthcare professionals and institutions responsible of my aftercare.

I restrict **handing over and sharing** my medical records restricted to:

Only this treatment episode

Records from:       to:

Other restriction:

I deny sharing **any** information

**Note**:

Date:       Signature: