

# Permission form

Your medical data available through the LSP



volg je zorg

YES

I **do** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure.

NO

I **do not** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure.

## GP or pharmacy details

Which healthcare provider does the form concern?

my GP

my pharmacy

Name: Gezondheidscentrum Merenwijk

Address: Rosmolen 2

Postcode and town: 2317SJ Leiden

## My details Do not forget to sign the form.

Family name: \_\_\_\_\_ Initials: \_\_\_\_\_  M  F

Address: \_\_\_\_\_

Postcode and town: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Do you wish to arrange permission for your children?

- For children up to age 12: the parent or guardian gives permission. Please use this form.
- For children aged 12 to 16 who wish to give their permission: both the parent or guardian and the child need to sign this form.
- Children aged 16 and over need to give permission themselves and fill-out their own form.

## Details of my children

Complete the below details of the children with respect to whom you wish to give permission. **Do not forget your own signature.**

Family name: \_\_\_\_\_ Initials: \_\_\_\_\_  M  F

Date of birth: \_\_\_\_\_ Signature: \_\_\_\_\_  YES  NO

Family name: \_\_\_\_\_ Initials: \_\_\_\_\_  M  F

Date of birth: \_\_\_\_\_ Signature: \_\_\_\_\_  YES  NO

Do you have more than two children? Please complete a new permission form.

Signature parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form to the GP of pharmacy your permission concerns.