

DECLARATION OF CONSENT FOR ACCESS TO PERSONAL DATA

I hereby consent that the persons and groups mentioned below may have access to my personal and medical (health related) data (including preliminary findings and image data) for all examinations carried out at the medneo diagnostic centres; to the extent that the doctors and assistance staff are exempt from medical confidentiality, and that the collected data is used for archiving purposes. I consent this voluntarily. I am aware that I may withdraw this declaration of consent in writing at any time with effect for the future with respect to the recipient indicated below.

PATIENT DETAILS	
_____	_____
Surname, first name	Date of birth

Please specify the name of the clinic, address and fax number **in full**, otherwise the referral cannot be made.

RECIPIENT DETAILS	

Surname, first name of the doctor/name of the practice or health clinic	
_____	_____
Street, house number	Postcode, city

Fax number	

optional: Email address	

_____	_____
Place, date	Patient's signature*

* An accompanying adult who is an authorised signatory e.g. a custodian**, guardian or authorised representative may sign on behalf of the patient.
 ** As the sole signatory, a custodian (e.g. parent) confirms that he/she is entitled to sole custody of the patient or that he/she is acting in agreement with the other custodian.