DOCRATES CANCER CENTER

CONSOLIDATED CONSENT TO SAVE, PROCURE AND RELEASE YOUR PATIENT INFORMATION

Registries: Centrally maintained patient registry for the Docrates Cancer Center and independent self-employed professionals

Name:	**Social security number / Date of birth:**
Address:	**Postal code and city:**
Country:	**Mobile phone:**
E-mail (in frequent use):	
Next of kin (name and contact information):	
Contact details for guardian/trustee (if necessary):	

How did you find out about Docrates

☐ Recommendation of a friend ☐ Via Google search/homepage ☐ Newspaper advertising ☐ Radio ☐ TV ☐ Facebook

☐ Newspaper article ☐ Other online advertising

☐ Other source, what exactly? _____

Doctor´s recommendation/referral, name:

Docrates Cancer Center can send me marketing messages and information about the hospital. ☐ Yes ☐ No

Important information on how Your patient information is handled

As a patient of Docrates Cancer Center, your information is saved on the basis of this consent to the registry that is jointly maintained by the Cancer Center and the self-employed persons who have joined in its centralized registry.

Your patient information is confidential. The information can be used at the Cancer Center with your consent in planning, execution and follow-up of your diagnostic studies and treatments. Your information may also be used in evaluation, statistical analysis, and follow-up of Docrates Cancer Center in a manner in which individuals cannot be identified.

The information will be released to other parties only on either a legal basis or with your permission. You have the option to verify the information that has been saved in our registry during a personal visit or with a written request. Likewise, you have the right to demand erroneous information in our registry to be corrected or to cancel the consent you have given us on procuring or releasing your information, or you may give limitations to the consent. Our staff will gladly provide additional information.

Please check your consent below: (☒)

☐ I have read and verified the basic information above.

☐ I give my consent to saving my patient information to the Docrates centralized registry.

☐ I give my consent to releasing my information, if the situation requires, between other health care professionals working at the Docrates who are a part of the centralized registry and who participate in my treatment.

☐ I give permission to the person who has treated me to give feedback about my treatment to the party who has written the referral.

☐ I give my consent to procuring all important information about me that is required for the treatment from care institutions that have examined and treated me (if necessary, please list them here):

_____

☐ I give my consent to releasing all information about me that is required for the treatment to the health care units/doctors who will attend to my follow-up treatment. If you wish to limit your consent in any way, please mark the limitation here:

_____

Place and date: / / 20

Signature: _____

Docrates Cancer Center
Saukonpaadenranta 2,
00180 Helsinki, Finland

Tel: +358 10 773 2050
sairaala@docrates.com

Fax: +358 10 773 2099
www.docrates.com

Business ID
FI-2050681-8