

Algemeen

# May we share your medical information?

Consent to share your information

## Contactgegevens Alrijne Ziekenhuis

Alrijne Ziekenhuis Leiden  
Houtlaan 55  
2334 CK Leiden  
071 517 8178

Alrijne Ziekenhuis Leiderdorp  
Simon Smitweg 1  
2353 GA Leiderdorp  
071 582 8282

Alrijne Ziekenhuis Alphen aan den Rijn  
Meteoorlaan 4  
2401 WC Alphen aan den Rijn  
0172 467 467

**Your attending physician and all of the care providers involved in your treatment at Alrijne have collected your medical information in an Electronic Patient File (EPD). This is necessary for proper treatment and care. It may, at times, also be important to share your information with other care providers. We need your permission for this.**

To give you the best possible care, Alrijne works together with care providers in the region, like your general practitioner, home care and other hospitals. To provide this care, we and other care providers need to view your important medical information. That is why we ask for your consent to share your information with other care providers with whom we work and to request your medical information from laboratories.

## Consent

With your consent, the care provider treating you can view your important medical information. If you do not give your consent, your care provider will only be informed about tests that they request. Alrijne will not share medical information without your consent\*.

## What information do we share?

We only share your information if it is necessary for your treatment. A care provider may only view this information if they are involved in your treatment. This may include any details that are important for your treatment, such as:

- allergies;
- medication;
- medical images such as MRI scans, X-rays and their reports;
- laboratory results;
- treatment reports;
- your name, address, place of residence;
- your citizen service number (BSN).

We ask for your consent for:

- sharing your medical information with other care providers now and in the future;
- requesting your medical information from laboratories and other care providers.

## With whom does Alrijne share your medical information?

If you consent, Alrijne may share your medical information with the care providers on the list available at [www.alrijne.nl/gegevensdelen](http://www.alrijne.nl/gegevensdelen)

If you consent, Alrijne may share your medical information with the care providers on the list now and those added in the future.

For the sake of clarity, we specifically mention the following laboratories here. You hereby also grant permission to AtalMedial and Eurofins/Scal to exchange laboratory, image and other test information with Alrijne Hospital.

## Consent for children

The parent or guardian must give permission for children under the age of 12. Children between the ages of 12 and 16 must give their own permission for sharing information, in consultation with their legal representative. From the age of 16, the child is fully responsible.

## How do I consent?

- You can give your consent on MijnAlrijne by logging in with your DigiD.
- You can sign the form you receive with this leaflet and give it to the Patient Registration. The form will be saved in your file.
- You can give verbal consent at the Patient Registration and sign a form there. The form will be saved in your file.

You can also withdraw your consent at any time in the same way.

For more information, visit [www.alrijne.nl/gegevensdelen](http://www.alrijne.nl/gegevensdelen)

\* In an emergency, it is not always possible to request permission from the patient (or their representative) to consult their medical information. In certain cases, the doctor can assume the patient's consent. Source: The Royal Dutch Medical Association (KNMG).

(Sample Form)

## CONSENT FORM

### For sharing medical information

YES, I consent to Alrijne Hospital:

- sharing my medical information with care providers now and in the future;
- requesting my medical information from laboratories and other care providers;

as described in the leaflet 'May we share your medical information?' from Alrijne Hospital.

NO, I do not consent.

### My details (to be filled in by the patient)

Surname: .....M / F

Initials: .....

Address: .....

Postcode and city: .....

Date of birth: .....-.....-.....

Patient number: .....

Signature: Date:

.....-.....- 20.....

(Sample Form)

**CONSENT FORM (children)**

**For sharing medical information**

- Children under the age of 12: a parent or guardian must give their consent. You can use this form to give consent.
- Children aged 12 to 16 who want to consent: the parent/guardian and the child must both sign.
- Children from the age of 16 give their own consent and fill in their own form.

If you want to give your permission for your children, then fill in their details. Don't forget to sign the form.

YES, I consent to Alrijne Hospital:

- sharing my medical information/my child's medical information with care providers now and in the future;
- requesting my medical information/my child's medical information from laboratories and other care providers;

as described in the leaflet 'May we share your medical information?' from Alrijne Hospital.

NO, I do not consent.

**Child's details**

Surname: .....M / F

Initials: .....

Address: .....

Postcode and city: .....

Date of birth: .....-.....-.....

Patient number: .....

Signature of child:

.....

Signature of parent or guardian: Date:

.....-.....- 20.....