

# Health information

Please fill in the form at home and bring it with you to the examination

Name: \_\_\_\_\_ Civil Reg. no.: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## Health information

Hypersensitivity to medication  Yes  No  
If Yes, which medications? \_\_\_\_\_

Allergy:  Yes  No  
If Yes, which? \_\_\_\_\_

## COVID-19

Have you been vaccinated for Covid-19?  Yes  No  
If yes, please fill in date for latest vaccine: \_\_\_\_\_

Have you previously tested positive for Covid-19?  Yes  No  
If Yes, please fill in date for positive test: \_\_\_\_\_

## Do you suffer or have suffered from the following

Asthma/COPD  Yes  No  
Heart condition?  Yes  No  
High blood pressure?  Yes  No  
Chest pains/breathlessness?  Yes  No  
Lung condition?  Yes  No  
Kidney condition?  Yes  No  
Liver condition?  Yes  No  
Diabetes?  Yes  No  
Haemophilia?  Yes  No  
Hereditary disorders?  Yes  No  
Neurological condition?  Yes  No  
Other disorders/conditions?  Yes  No  
If Yes, which?: \_\_\_\_\_  
\_\_\_\_\_

## Alcohol and tobacco consumption

Alcohol (consumption per week): \_\_\_\_\_  
Tobacco (consumption per day): \_\_\_\_\_  
Ex smoker  Yes  No

## Other

Have you been admitted to hospital in a foreign country in the last 6 months?  Yes  No  
Do you or does anyone in your household regularly work with live pigs?  Yes  No  
Have you ever previously been given a local or general anaesthetic?  Yes  No  
Did any difficulties occur in connection with the anaesthetic? If Yes, which?:  Yes  No  
\_\_\_\_\_

## Health information, continued

Name:

Civil Reg. no.:

### Contact to hospitals

Have you ever previously been admitted to hospital for surgery or have you ever had same-day surgery?

Yes  No

If Yes, please complete the following:

Year (approx.)	Hospital	Illness/treatment

### Medication

Do you have a regular consumption of medicin and herbal medicin?  Yes  No

If Yes, please complete the following:

Drug name	Strength	Morning	Midday	Evening	Night	As necessary
(E.g. Ibumetin)	(E.g. 400 mg)	(Number)	(Number)	(Number)	(Number)	(Number)

### Signature

I, the Undersigned, declare that the information I have given is correct.

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

# Consent to exchange health information

Name:

Civil Reg. no.:

Telefon:

Email:

## Consent to exchange health information in connection with current treatment

Aleris exchanges healthcare information about you with other healthcare professionals to give you the best possible treatment. In this connection, Aleris must request this consent for the following:

**1. In connection with your treatment with us, may Aleris send information about this to your own doctor?**  Yes  No

If you give your consent to this, a copy of your medical journal will be sent to your own doctor. You can come out of this at any time. If you have name and address protection, please provide your own doctor's name and address:

**2. May Aleris obtain health information about previous treatments from, for example, other hospitals, your own doctor, specialists or the local authority?**  Yes  No

It is often necessary for Aleris to obtain medical records, X-rays or scan images from previous treatments for use in current treatment courses.

**3. Can Aleris pass on health information to other healthcare professionals, eg other hospitals, specialists, municipalities, chiropractors / physiotherapists?**  Yes  No

It is often necessary for Aleris to pass on information about your current treatment that the recipient will need for further treatment of you.

## Consent to exchange health information

**1. May Aleris read your medical journal at Sundhed.dk?**  Yes  No

The health journal on Sundhed.dk contains the health information that the health care has registered about you. Only doctors at Aleris will be able to read your medical journal if you consent.

**2. May Aleris send your health information to your medical journal on Sundhed.dk?** If you consent, Aleris  Yes  No

may send your health journal information to the medical journal, where you and other healthcare professionals can see your healthcare information.

## Consent to exchange information with your insurance company or your region of residence

With your consent, Aleris may exchange your health information in connection with sending invoice and journal copy to your insurance company or your region of residence.

**1. May Aleris send invoice and medical journal copy to your insurance company or region of residence?**  Yes  No

Your insurance company will only receive an invoice and journal copy if you have been referred by your insurance company. Your region of residence will only receive an invoice and journal copy if you have been referred by public services.

## Information of relatives

Aleris may need to inform your relatives regarding your current treatment. It requires your consent.

If YES - please fill out name, relation and telephone number of the closets relatives: \_\_\_\_\_

You are at any time entitled to withdraw your consent in whole or in part. You do this by contacting Aleris's staff. Your withdrawal of a consent does not affect the lawfulness of the processing carried out before you withdrew your consent.

Your consent is linked to your specific treatment with us. Consent to exchange information with your insurance company or your region of residence, etc. valid for a maximum of 1 year. You can read about the rules for consent and Aleris's processing of personal data at [www.aleris-hamlet.dk](http://www.aleris-hamlet.dk)

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

### Especially regarding children under 15 years

Parents' name: \_\_\_\_\_ Parents' civil Reg. no.: \_\_\_\_\_

I declare in good faith that I have a share in the custody of the child.

### Signature

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



# Summary on the rules for consent and exchange of your personal data

The purpose of processing your personal data is to provide you with the best possible treatment. Your personal data is processed securely, and health information is processed in accordance with the Health Act, "Bekendtgørelse om autoriserede sundhedspersoners patientjournaler". (Notice on Authorized Health Care Patients)

## When using our hospitals, we collect the following personal information:

- General information: Name, address information, e-mail, telephone numbers
- Social Security number
- Sensitive information:
- Health information
- Pre and post pictures in connection with plastic surgery, cf. Notice on plastic surgery.
- Possible ethnic or religious information
- Social conditions (eg in case of home care or local authority rehabilitation)

## Consent to exchange health information

Employees at Aleris Hospitals have a duty of confidentiality. This means that, fundamentally, they may not exchange information with others about your health without your consent. Exchange of health information is often crucial for a successful and coherent course of treatment. Information may only be obtained / provided on to the extent necessary. The staff will therefore always assess the relevance of information provided.

## Consent to exchange your health information in connection with your examination / treatment

A consent to exchange health information in connection with your treatment is valid until the end of the treatment process, and includes the exchange of health information with the following:

- Your own doctor / general practitioner or specialist
- Public hospitals
- Other healthcare professionals, e.g. private hospitals, physiotherapists/chiropractors, local authorities, etc.

## Consent to exchange your health information for purposes other than treatment

A consent to exchange health information for purposes other than treatment is valid for a maximum of 1 year and includes the transfer of health information to:

- Your close relatives
- Insurance companies, if the treatment is paid for by them
- Regions related to invoicing if your examination or treatment at Aleris is paid for by the government
- Internally connected companies at Aleris

If you have stated your health insurance as a payer, it is a prerequisite for payment that you give consent for Aleris to send a copy of your medical journal from the current course of treatment to your health insurance.

If the region pays for your examination or treatment, a copy of your medical journal will be sent to the referring hospital department. In addition, information on current processes in the form of diagnostic codes and completed examinations or operations is sent to the regional office in connection with invoicing to the region.

If there is specific information that you do not want disclosed, or if there are healthcare professionals or authorities that you do not want informed, please let us know.

## Who can Aleris automatically retrieve and provide information to without your consent?

Internal healthcare and administrative staff at Aleris have access to your personal and health information to the extent that they participate in your treatment or contribute to the documentation and invoicing of your treatment course.

There may be cases where Aleris, in order to ensure a successful and coherent process, provide your health information without your consent, if you are transferred for further treatment at a public hospital.

The Health Act requires the hospital to report information on treated patients to the National Board of Health's National Patient Register, cf. "Order on Medical Review of the Medical Patient Register of Treatment performed at Private Hospitals and Clinics" and to statutory clinical databases, cf. "Executive Order on Reporting to Authorized Clinical Quality Databases and transmission of data to the National Board of Health."

The information is never transferred to third countries (outside the EU).

## Your Health Journal at Sundhed.dk

When starting a new course at Aleris Hospitals, you must decide whether Aleris may pass on your health information to your Health Journal at Sundhed.dk.

Aleris may only pass on your health information to the Health Journal if you give your consent, in accordance with Article 6 (1) of the Personal Data Ordinance. Article 9 (1) (a) and Article 9 (1) 2 litra a and the Health Act § 41, paragraph 1.

If you give your consent, you and other healthcare professionals will after examination / treatment at Aleris Hospitals be able to see your medical records notes from Aleris on your Health Journal at Sundhed.dk

You can withdraw this consent at any time. After this, Aleris will stop sharing your personal information with your Health Journal on Sundhed.dk. Your revocation of your consent does not affect the processing that has already taken place before your withdrew your consent. Journal information that has already been sent to Sundhed.dk, you can privately mark and block for others at sundhed.dk.

## Worth knowing

You may always revoke your consent, in whole, or in part. You do this by contacting Aleris's staff.

We also refer to our personal data policy at

<https://www.aleris-hamlet.dk/en/about-aleris-hamlet/private-policy/>