

# Consent

## to exchange medical records – Covid-19 test

Name:	Civil Reg. no.:
Tel. (mobile):	Tel. (home):
E-mail address (please use block letters):	
Do you have a home address in Denmark? <input type="radio"/> Yes <input type="radio"/> No	
If no: what county do you live in:	Passport number (optional):

### Who pays for your current Covid-19 test? (Mark)

My employer (company name): \_\_\_\_\_

Other payer (name/company name): \_\_\_\_\_

May Aleris-Hamlet send the result of your Covid-19 test to your employer/payer?  Yes  No

The result of your Covid-19 test will be sent to "Statens Serum Institut" which is under the auspices of the Danish Ministry of Health according to Danish Health Act.

If you are infected with Covid-19, Aleris-Hamlet will send your name and phone number to "Coronaopsporingen", which is a department of the Board for Patient Safety. Here you will talk to a healthcare professional who can advise and guide you.

This consent relates to your current Covid-19 test.

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