

Please complete this form, sign it and hand it in at the practice

Consent for contact about/inspection of your medical file

Your name:

Initials and surname (patient)

Date of birth (patient)

BSN number (patient)

I hereby give permission to my representative to contact the General Practice for support team on my behalf about:

- my medical requests
- my results and examinations
- my medical file

Initials and surname representative

Relationship to patient

(for example: father, daughter, legal representative)

Your signature:

Date:

The GP keeps a medical file on the patient. The rights and obligations of the patient and his practitioner are regulated in the WGBO Act (Medical Treatment Agreement Act (WGBO)). For more information see <https://www.patientenfederatie.nl/extra/het-medisch-dossier/inzage>- in-your-file-by-others.

This consent is noted and stored in your medical file.

You can always change or withdraw your consent. In that case, please contact the practice.

This permission ends automatically after your death due to: the privacy of your medical information.