

Regionaalhaigla

CONSENT FOR THE RELEASE OF SPECIAL CATEGORIES OF PERSONAL DATA OR DOCUMENTS

Details of the person granting consent (the patient or their legal representative)

first name and surname
personal identification code (in the absence thereof, date of birth).....
phone number e-mail address

Details of the recipient of data or documents (in the event of a legal person, specify the name of the institution, registry code of the institution, and details of the representative)

first name and surname
personal identification code/registry code
document number/representative's details

I grant my consent for the release of the following special categories of personal data or documents about me:

- medical record.....
/which part of the medical record/
- medical history/excerpt
- /which medical history/excerpt or which part of a medical history/
- radiological examinations (CD/DVD).....
- /which examinations/
- analysis results
- /which analysis results/
- description of radiological examinations
- /which examinations/
- other document
- /which document/
- special categories of personal data.....
- /which personal data/

I confirm that I am giving my consent voluntarily.

I am aware that I may withdraw my consent at any time up to the release of the data or documents by e-mailing the respective notification to info@regionaalhaigla.ee or by calling 617 1101.

The signed application for withdrawing consent must be submitted within **5 (five) working days** after sending the notification on withdrawing consent. The application may be signed digitally and e-mailed to info@regionaalhaigla.ee, sent by post to J. Sütiste tee 19, 13419 TALLINN, or submitted in person at the office of Regionaalhaigla at J. Sütiste tee 19, Tallinn.

I have enclosed a copy of my identity document to this consent form.

Person granting consent

/name and surname/ /signature/ /date/