



### Informed Consent Form for the processing of personal data and the use of healthcare profiles

I, \_\_\_\_\_, the undersigned confirm that I have been informed of current regulations regarding the confidentiality of personal data (Legislative Decree No. 196/2003 and subsequent additions and/or modifications) and especially those sensitive to sanitary character; It has used corporate business activities and disclosure of the requested data and the acquisition of those emerging during the service provided, and therefore **I consent and authorise** data collection, storage and the processing of personal and sensitive data that concern me, strictly necessary for healthcare and for those activities related to the subject of these services and

†  **I authorise**                       **I do not authorise**

the processing of my healthcare data, including my **healthcare record** containing information obtained during the course of a single clinical event.

**My healthcare data** are the result of the services provided to me by the physicians and the Local Healthcare Unit (LHU) facilities in Viterbo which I used, can be accessed and evaluated by said physicians of the LHU at the Viterbo healthcare facilities regardless of where they originated and where they are electronically stored. This means that **each physician operating at the LHU in Viterbo (and equipped with specific individual password)** in order to more fully assess the state of my health, and can see, in addition to the hard copy data which is displayed on the PC of their workstations, and that of the hospital environment itself, **as well as my data located on other computer workstations inside said healthcare facility operated by the LHU in Viterbo or found in other healthcare facilities.**

**I agree** to the establishment of a complete **healthcare record**.

**I agree** to the establishment of a **healthcare record without entering the same information into my past healthcare record.**

**I do not agree** to the establishment of a **healthcare record.**

#### THE PRESENCE OF RELATED MEDICAL INFORMATION IN MY HEALTHCARE PROFILE:

abortion, alcohol abuse, HIV status, sexual violence or paedophilia/child abuse, drug addiction, anonymous childbirth, services offered by family counselling etc.

**I agree** to grant access to the abovementioned information to every LHA physician in Viterbo.

**I agree** to grant access to the abovementioned information **only to** Dr. \_\_\_\_\_

#### CONSENT/DISCLOSURE OF YOUR STATE OF HEALTH:

Upon receiving information regarding Decree No. 196/2003 (and subsequent additions and/or modifications) and having acknowledged my rights, I hereby agree to provide the information regarding my state of health:

**only to myself**†  **only to family members**†  **only to** \_\_\_\_\_

**I consent**  **I do not consent** to the dissemination of information regarding my presence at the LHA in Viterbo.

#### TELEPHONE COMMUNICATION CONSENT CLAUSE

Telephone number \_\_\_\_\_ †  **I consent**                       **I do not consent**  
to having my above listed telephone number used by staff members of my LHU for the purposes of any urgent communications relating to healthcare services that I intend to receive. I declare that I am aware that this communication will be given to the person responsible for answering my call, in the event that he/she is unable to verify my identity.

Date \_\_\_/\_\_\_/\_\_\_\_\_ Signature of patient/Legal Representative \_\_\_\_\_

#### REPLACEMENT DECLARATION OF A NOTARY ACT (Consent form for persons other than the interested party)

I, undersigned ..... born in .....  
on ..... residing in .....

ID Card No. ....

**am aware of the criminal penalties for making false statements pursuant to Article 76 of Presidential Decree No. 445/2000, DECLARING, under my own responsibility:**

to exercise authority relating to the abovementioned child     to be a relative of the abovementioned patient

to legally represent the abovementioned patient     to be the abovementioned patient's cohabitating partner

Date ..... **Declarant's signature** .....