

## F010 Form to request the registration of a patient to the Brussels Health Network with free and informed consent

I, the undersigned,

### 1/ Person concerned (patient)

National number \_\_\_\_\_ Date of birth \_\_\_\_\_

Name (*capitals*) \_\_\_\_\_ Gender: F M

Forenames \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Mobile \_\_\_\_\_

### 2/ Person of trust

(Persons of trust designated by the patient must also be registered with the Brussels Health Network. Please complete the ad hoc form with signature)

National number \_\_\_\_\_ Date of birth \_\_\_\_\_

Name (*capitals*) \_\_\_\_\_ Gender: F M

Forenames \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Mobile \_\_\_\_\_

- Freely request to register myself with the Brussels Health Network to enable the healthcare providers with which I have a treatment-related link to exchange health documents relating to me. This source of medical information remains an optional form of access for healthcare providers and cannot be considered as exhaustive. The Brussels Health Network is managed by Abrumet.
- Registration with the Brussels Health Network constitutes consent to exchange data at a national level in the context of the continuity of care. You will find more information about this topic on the website at [www.masante.belgique.be](http://www.masante.belgique.be)
- Freely request to register the person stated above as the person of trust on the Brussels Health Network. I have been informed that this person of trust has the same rights as I have to the health data relating to me shared via the health networks.

- I declare that I have examined the [privacy regulations](#) which set out how the Brussels Health Network meets the requirements of the GDPR:
  - i. The sole purpose of the Brussels Health Network is to enable the exchange of health information, exclusively and in the strict context of continuity of care.
  - ii. The patient may exercise his/her rights (such as the right of access, amendment and deletion of the data relating to him/her shared via the health networks) either by directly contacting the data controller, or through the non-profit organisation, Abrumet, which will act as subcontractor for the data controller and may, where appropriate, be assisted by the person of trust.
  - iii. The patient remains in full control at all times of the designation and removal of persons able to access the data shared via the health networks (such as healthcare providers and persons of trust) and may, where appropriate, be assisted by the person of trust.
  - iv. The patient may at any time obtain the list of all persons who may have accessed his/her health data shared via the health networks and may, where appropriate, be assisted by the person of trust. The patient may at any time add or modify consents from the private space on the website at [www.reseausantebruxellois.be](http://www.reseausantebruxellois.be) or via a healthcare provider.
- I declare that I will abide by the rules set out above.

This form is intended for the administration manager at Abrumet acting as subcontractor pursuant to the GDPR for the healthcare providers connected to the Brussels Health Network, and I hereby request the administration manager to enable the registration indicated.

Drawn up at

On

Signature of the patient

**Please attach a copy of the front and back of the identity cards of the patient and, where appropriate, the person of trust**

The rights of the person concerned may be exercised with the data controller. However, and to enable the effective exercise of these rights, his/her request may, where appropriate, be sent to the Data Protection Officer at Abrumet – Brussels Health Network ([dpo@abrumet.be](mailto:dpo@abrumet.be)) who will forward it as soon as possible to the data controller with authority to follow up.