F011 Request form to deregister a patient from the Brussels Health Network

I the undersigned,

1/ Concerned person *(patient)*

National number	Date of birth
Name *(capital)*	First name
	Gender :
Address	F M
E-mail	
Mobile	

2/ Contact details of the legal representative

National number	Date of birth
Name *(capital)*	First name
	Gender :
Address	F M
E-mail	
Mobile	

- Request to deregister the concerned person from the Brussels Health Network and, from now on, no longer agree for any medical information relating to her to be either referenced or shared via the health networks.

- I am informed that Abrumet will archive administrative data, access logs and reference directories for a period of 30 years from today's date, for probative purposes.

- Request that the deregistration be taken into account in relation to the healthcare providers connected to the Brussels Health Network.

- Deregistration from the Brussels Health Network also means revocation of the previous consent granted to exchange data on a national level as part of the continuity of care. You will find more information about this topic by visiting www.masante.belgique.be

This form is intended for the administrative manager of Abrumet who acts as a subcontractor concerning GDPR of health actors connected to the Brussels Health Network, and hereby, I ask him to ensure the unsubscription indicated

Drawn up   On

Signature

Please attach a double-sided copy of the identity cards of the patient and, where applicable, of the legal representatative

The rights of the person concerned, as provided by the GDPR (right of access, right of modification, etc…) may be exercised with the data controller.
However, and to enable the efficient exercise of these rights, this request may, where applicable, be sent to the Data Protection Officer at Abrumet – Brussels Health Network (dpo@abrumet.be), who will pass it on as quickly as possible to the relevant data controller to follow up on the request.