

F025 Form to register a legal representative and a patient

Document to be sent for the attention of the Abrumet administrative manager – 11 rue de la Montagne, 1000 Brussels or info@abrumet.be

I, the undersigned,

1/ Legal representative (parent, guardian, personal administrator...)

National number

Date of birth

Name (*capitals*)

First names

Gender:

F

M

Address

Email

Mobile

2/ Person concerned (Patient)

National number

Date of birth

Name (*capitals*)

First names

Gender:

F

M

Address

Email

Mobile

- Freely request to be registered on the Brussels Health Network and to be registered as the legal representative of the patient
- Freely request to register the patient on the Brussels Health Network so that healthcare providers with whom the patient has a therapeutic relationship can exchange health documents relating to said patient. This source of supplementary medical information remains optional for healthcare providers to access and cannot be considered as comprehensive. The Brussels Health Network is managed by Abrumet.
- Registration with the Brussels Health Network represents consent to the exchange of data at national level within the framework of continuity of care. You will find further information on this subject on the website www.masanté.belgique.be

- I acknowledge having read and understood the [Privacy Policy](#) which describes how the Brussels Health Network meets GDPR requirements:
 - i. The Brussels Health Network has the sole purpose of exchanging health data under the strict and exclusive framework of continuity of care.
 - ii. The legal representative of the patient may exercise their rights (such as the right of access, rectification and deletion of data shared via the health networks relating to the patient), by either contacting the data controller directly or Abrumet, a non-profit making organisation, which acts as a subcontractor to the data controller.
 - iii. The legal representative remains in control at all times of the nomination and cancellation of persons with access to the data shared via the health networks (such as healthcare providers and trusted persons).
 - iv. The legal representative may obtain at any time the list of all persons with access to the health data of the patient shared via health networks. The legal representative can add or modify authorisations at any time from the private space on the website www.reseausantebruxellois.be or via a healthcare provider.
- I undertake to respect the aforementioned policy.

This form is intended for the Abrumet administrative manager who acts as a subcontractor within the meaning of GDPR for the healthcare providers connected on the Brussels Health Network, and by means of this form, I ask the Abrumet administrative manager to complete the registrations specified.

In _____ On _____
Signature of the legal representative

Please enclose a copy of both sides of the identity cards of the patient and legal representative

The exercising of rights of the person concerned **as provided for under GDPR** (right to access, modification, etc.) should be directed to the data controller. However, and to facilitate the efficient application of these rights, the request may, where appropriate, be addressed to the Abrumet data protection officer – Brussels Health Network (dpo@abrumet.be) who will submit the request as soon as practicable to the relevant data controller for processing.