

AUTHORISATION AND CONSENT

Authorisation and consent to Svenska Läkemedelsförsäkringen AB, company registration number 516406-0401, to collect information from doctors and other healthcare professionals, healthcare and dental care establishments, Försäkringskassan (Social Insurance Agency) or other authorities, insurance companies, employers or other relevant persons and process the health information and other information necessary for the assessment of my compensation claim under the Pharmaceutical Insurance.

The Swedish Tax Authority is one such authority from which information in the form of statement of earnings and deductions, tax returns and declarations may be collected.

This consent gives Svenska Läkemedelsförsäkringen AB the same right as myself as an individual, to access and process all information in medical journals, medical certificates and similar health and medical records, as well as the right to access information from the Social Insurance Agency regarding my illness and sick leave conditions.

This consent includes the right to access financial data from employers, tax authorities and other relevant public organisations or individuals, physical or legal, necessary for the processing of my claim for compensation.

By giving my consent, I waive confidentiality requirements for the insurance company, in accordance with Chapter 12, Section 2 of the Public Access to Information and Secrecy Act. I understand that Svenska Läkemedelsförsäkringen AB may need, for the purpose of its investigation, to submit journals and other documents containing health information to medical advisers or other third parties and that such third parties may process these documents.

By signing this form, I agree to my personal data being registered, stored and processed for Svenska Läkemedels-

försäkring AB to handle my claim. I understand that third parties such as, but not limited to, medical advisors, may process my personal information. Personal information refers, on the one hand, to information that you have provided yourself, but also to information collected or obtained from other sources, such as healthcare agencies, employers, the Social Insurance Agency and the Swedish Tax Authority. I also understand that data from which identifying information has been removed may be sent to relevant pharmaceutical companies.

This authorisation and consent is valid from the date of issue throughout the period of the claims settlement, if it is not withdrawn in writing. This authorisation may be revoked at any time by the undersigned, by contacting Svenska Läkemedelsförsäkringen AB.

If the person for whom the claim applies is under curatorship or legal guardianship please contact SvenskaLäkemedelsförsäkringen AB, in conjunction with the insurance claim, if this has not already been done.

INFORMATION ABOUT THE SWEDISH PERSONAL DATA ACT (PUL)

If you would like to find out what personal data is held, or would like to request an amendment to incorrect information, please send a written notification to Svenska Läkemedelsförsäkringen AB, Box 17608, 118 92 Stockholm. The request should be signed by the applicant and contain the insurance number or Swedish personal identification number. Appointed personal data representatives registered with the Swedish Data Protection Authority are responsible for ensuring that Svenska Läkemedelsförsäkringen AB complies with all applicable regulations regarding the handling of personal data. The responsible body for personal data management is Svenska Läkemedelsförsäkringen AB.

Place	Date
Signature	
Print name	
Swedish personal identification number (yyyy-mm-dd-nnnn)	
Signature of proxy, if relevant (attach consent document or document with decision of the court)	