

AUTHORISATION AND CONSENT

Authorisation and consent to Svenska Läkemedelsförsäkringen AB (SLF), company registration number 516406-0401, to collect and process health information from doctors and other healthcare professionals, healthcare and dental care establishments, Försäkringskassan (Swedish Social Insurance Agency) or other authorities, insurance companies, employers or other relevant persons, as well as 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.

Your personal information is handled with the support of article 6 1 b) of the Data Protection Regulation (EU) 2016/679, i.e. the contractual basis. Further you give your specific consent to the processing of your data according to Article 9 2. a) of the same regulation. Your personal information will be recorded, saved and processed in order for Svenska Läkemedelsförsäkringen AB to handle the claim. I understand that third parties such as, but not limited to, medical advisers, may process my personal information.

Personal information refers both to information that you have provided yourself, and 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.

Your records will only be kept for as long as is necessary for the handling of your claim. The length of time for which the records are kept depends on the period of limitation applicable to the claim and your right to request a review of the compensation claim. This means that the time period for which the record is kept for a claim for which compensation has been granted is maximum 60 years, unless a longer time period is required for settling your claim. A claim is kept for a maximum of 11 years if no compensation has been granted. At the end of the record-keeping period, your information will be permanently deleted.

This authorisation and consent is valid from the date of issue throughout the period of the claim's settlement, unless withdrawn in writing.

This authorisation may be withdrawn 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 Svenska Läkemedelsförsäkringen AB, if this has not already been done in conjunction with the insurance claim.

INFORMATION ON THE DATA PROTECTION REGULATION (EU) 2016/679

If you want to know what personal data is held about you, or would like to request a rectification of incorrect information, please contact 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. You also have the right to obtain your personal information in a digital file. The data controller for the processing of personal data is Svenska Läkemedelsförsäkringen AB.

Place	Date
Proxy for (child's name)	Proxy for (child's Swedish personal identification number, yyyyymmdd-nnnn)
Signature of legal guardian	Signature of legal guardian
Print name	Print name