# FP 007 Consent: When I become injured

# Workers’ compensation insurance

With my signature, I consent to [name of company], *collecting, using and disclosing*, in connection with the consideration of my case, the information relevant for the company's consideration of my case.

[Name of company] collects information to assess whether I have suffered a permanent injury and/or loss of earning capacity and as documentation for my period of illness. In this connection, [name of company] may disclose information that identifies me (such as my civil registration number) and relevant information about my insurance case and my health to the parties from which the company collects information. [Name of company] will specify to the parties from which information is collected what information is relevant.

***From whom can information be collected?***

With this consent, [name of company] may for one year from the date of my signature collect relevant information from the following parties:

* My current and former general practitioner.
* Public and private hospitals, clinics, centres and laboratories.
* Medical specialists, dentists, physiotherapists, chiropractors and psychologists.
* Labour Market Insurance (<https://aes.dk/>) or Center for Arbejdsskade (Greenland Board of Industrial Injuries) (<https://aes.dk/>) .
* My current and former municipality of residence.
* The police.
* Other insurance companies to which I have reported my injury.
* Others (state the name and other relevant contact information).

With this consent, the specified parties may for one year from the date of my signature disclose the relevant information to [name of company].

***To whom may relevant case information be disclosed?***

With this consent, [name of company] may disclose relevant case information to the following parties in connection with the consideration of my case:

* Labour Market Insurance (<https://aes.dk/>) or Center for Arbejdsskade (Greenland Board of Industrial Injuries) (<https://aes.dk/>) .
* Medical specialist who is to fill in or prepare a medical specialist’s certificate.
* My current and former municipality of residence.
* Other insurance companies to which I have reported my injury.
* Others (state the name and other relevant contact information).

***What types of information may be collected, used and disclosed?***

The consent covers *collection, use and disclosure* of the following categories of information:

* Medical information, including information about illnesses, symptoms and contacts to the health services.
* Municipal files that illustrate my medical history, rehabilitation programme, test of capacity for work, public pension, etc.
* Documentation for period of illness.
* Police reports, loss adjusters' reports and relevant claim forms from other insurance companies.
* Financial circumstances, including salary information, tax assessment notices and sickness benefit specifications.

***For what period of time may information be collected?***

The consent covers information for a period of [insert] years prior to the date of occurrence or the time of onset of the illness and until the time when [name of company] has considered my case.

If the information for that period so warrants, [name of company] may, providing a specific reason, also collect information relating to the time before that period.

***Withdrawal of consent***

I can withdraw my consent at any time with effect for the future. The withdrawal may affect the ability of [name of company] to consider my case.

Date: ………………… Signature: ……………………………………… Civil reg. no.: \_ \_ \_ \_ \_ \_ - \_ \_ \_ \_