F010 – Patient registration on the Brussels Health Network

1. Person concerned (patient)

First name(s)*	:		Last name*	:	
National Register Number*	:		Date of birth*	:	
Email	:		Sex*	:	☐ M ☐ F
Address	:				

Freely requests registration on the Brussels Health Network in order to enable healthcare providers with whom there is a therapeutic relationship to exchange health documents concerning the patient. This source of additional medical information remains optional for healthcare providers to access and cannot be considered exhaustive.

Registration on the Brussels Health Network constitutes consent to data sharing at the national level for the purpose of continuity of care.

I declare that I have read the Privacy Regulations and undertake to comply with it.

Document to be sent dated and signed to: **info@abrumet.be** or Rue de la Montagne 11, 1000 Brussels. Please attach a copy of both sides of the patient's identity card

Done on

Signature of the patient*

The patient's GDPR rights (access, rectification, etc.) may be exercised with the data controller or via Abrumet's DPO (dpo@abrumet.be), who will forward your request to them. The Privacy Regulations is accessible via this link.