F025 – Addition of a legal representative

1. Person concerned (patient)

First name(s)* : Last name* :

National Register Number* : Date of birth* :

Email : Sex* : ☐ M ☐ F

Address :

1. Legal representative of the patient

First name(s)* : Last name* :

National Register Number* : Date of birth* :

Email : Sexe* : ☐ M ☐ F

Address :

Freely requests the registration (of the patient and the legal representative) 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 legal representative*

Please note: *The declared legal representative has access to the Brussels Health Network file of a child* ***under 13 years of age****. Between 13 and 16 years, only healthcare providers who have a therapeutic relationship with the child have access to it.*

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.