F026 - Addition of a trusted person

1. Person concerned (patient)

First name(s)* : Last name* :

National Register Number* : Date of birth* :

Email : Sexe* : ☐ M ☐ F

Address :

2. Legal representative of the patient (if applicable)

First name(s)* : Last name* :

National Register Number* : Date of birth* :

Email :

Address :

3. Trusted person

First name(s)* : Last name* :

National Register Number* : Date of birth* :

Email : Sexe* : ☐ M ☐ F

Address :

I hereby request Abrumet to register the trusted person listed above on the Brussels Health Network. I acknowledge that I have been informed of the scope of this step under the Act of 22 August 2002 on patients' rights.

The designated person confirms having read the Privacy Policy, undertakes to comply with its terms, and accepts that signing this document automatically validates their prior registration on the network if they are not yet listed on 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 or legal representative (if applicable)*

Les droits RGPD (accès, rectification...) du patient s'exercent auprès du responsable de traitement ou via le DPO d'Abrumet (dpo@abrumet.be), qui lui transmettra votre demande. Le RVP est accessible via ce lien.