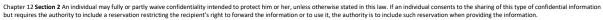
Consent form HLS, Region Västerbotten

- Collaboration among healthcare centres/cottage hospitals, Maternity and Child Healthcare Competence Centre MCHC CC, preschool/school, student health, and social services.

Signature guardian	Printed name
Signature guardian	Printed name
City, date:	
organisations in Region coordination meeting Plan (CIP). My consen physical/mental healt possible help.	quardian(s) that the information about my/our child/adolescent may be given from the above on Västerbotten to organisations participating in HLS. Confidentiality is waived for the HLS and for subsequent coordination meetings in accordance with the Coordinated Individual at applies only to information about my child's preschool/education, social situation, th, as needed for the participating organisations to provide my child/adolescent with the best sent at any time by contacting one of the noted organisations.
Organisation	Name and professional category
Waiving of confidentiality ap	pplies to the organisation noted below and information to guardians has been provided by:
☐ Social services	Name and professional category to be filled in by the organisation
	ottage hospital, MCHC CC Name and professional category to be filled in by the organisation
☐ Preschool/school an	d student health Name and professional category to be filled in by the organisation
Participating organisations i	n HLS:
Child/adolescent is in	Provide relevant preschool/school
Child/adolescent is registere	ed at Provide relevant healthcare centre/cottage hospital
Waiving of confidentiality ap	pplies to Child/adolescent's name and personal identification number
Secrecy Act. The Swedish Pu simply be given to another a information about your child kept confidential, may be pr Competence Centre to the r	your child is covered by various regulations in the Swedish Public Access to Information and Jublic Access to Information and Secrecy Act (2009:400) stipulates that information may not agency. As a guardian, you may consent to waive this confidentiality. Your consent means that d's preschool/education, social situation and physical/mental health, which would ordinarily be rovided by healthcare centres/cottage hospitals, the Maternity and Child Healthcare municipality's preschool/school, student health, social services organisations to facilitate station is handled in each organisation in accordance with standard procedures and legislation.

Public Access to Information and Secrecy Act (2009:400)

Chapter 10 Consent Section 1 Chapter 12 notes that confidentiality for the protection of an individual does not stop information from being passed to another individual or authority if the individual provides consent. This applies with the limitations stipulated in Chapter 12.





concludes.

