

## Consent to share information

**Healthcare services need your consent to temporarily break confidentiality in connection with your sick leave and/or rehabilitation.**

In order for healthcare services to assist you as well as possible, we may need to interact with other public services and share information with them about you and your situation. To do this, we need your written consent to share necessary information with the concerned public services.

### Information

This necessary information encompasses information about (check those that are applicable):

- state of health
- working conditions
- previous rehabilitation activities
- previous investigations
- expert opinions, such as medical opinions
- other necessary information: \_\_\_\_\_

Only information that is necessary to provide you with the best possible support during your sick leave and rehabilitation will be shared. All other information remains subject to confidentiality.

### How long does my consent apply?

Your consent applies from the day you sign the form until your rehabilitation and interventions are complete, although for no more than one year.

You can withdraw your consent at any time. You do this by contacting your doctor or your rehabilitation coordinator at your health centre or clinic.

### Any questions?

If you have any questions or thoughts, please feel free to contact your doctor or your rehabilitation coordinator at your health centre or clinic.

With kind regards,

Name:  
Rehabilitation Coordinator  
Phone number:

# CONSENT

Name	Personal ID number
Healthcare unit	Date

I consent to concerned personnel at the health centre or clinic providing my healthcare to share information about me they consider necessary with the following public services in order to offer active and coordinated interventions.

- Social insurance agency
- Public employment service
- Social services

## Signature

Signature
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- I am aware that I can withdraw my consent at any time.**