

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.

We want to provide your child/adolescent and family with the best possible coordinated support. That is why various organisations are collaborating within Region Västerbotten's healthcare centres/cottage hospitals, Maternity and Child Healthcare Competence Centre and _____ Municipality's preschool/school, student health, and social services. Information about your child is covered by various regulations in the Swedish Public Access to Information and Secrecy Act. The Swedish Public Access to Information and Secrecy Act (2009:400) stipulates that information may not simply be given to another agency. As a guardian, you may consent to waive this confidentiality. Your consent means that information about your child's preschool/education, social situation and physical/mental health, which would ordinarily be kept confidential, may be provided by healthcare centres/cottage hospitals, the Maternity and Child Healthcare Competence Centre to the municipality's preschool/school, student health, social services organisations to facilitate coordinated care. Documentation is handled in each organisation in accordance with standard procedures and legislation.

Waiving of confidentiality applies to

Child/adolescent's name and personal identification number

Child/adolescent is registered at

Provide relevant healthcare centre/cottage hospital

Child/adolescent is in

Provide relevant preschool/school

Participating organisations in HLS:

Preschool/school and student health

Name and professional category to be filled in by the organisation

Healthcare centre/cottage hospital, MCHC CC

Name and professional category to be filled in by the organisation

Social services

Name and professional category to be filled in by the organisation

Waiving of confidentiality applies to the organisation noted below and information to guardians has been provided by:

Organisation

Name and professional category

I/we hereby verify as guardian(s) that the information about my/our child/adolescent may be given from the above organisations in Region Västerbotten to organisations participating in HLS. Confidentiality is waived for the HLS coordination meeting and for subsequent coordination meetings in accordance with the Coordinated Individual Plan (CIP). My consent applies only to information about my child's preschool/education, social situation, physical/mental health, as needed for the participating organisations to provide my child/adolescent with the best possible help.

I may revoke my consent at any time by contacting one of the noted organisations.

City, date:

Signature guardian

Printed name

Signature guardian

Printed name

Signature adolescent

Printed name

Consent is valid for no more than 1 year from the date of signing, or ceases to apply when the collaborative initiative concludes.

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.

Chapter 12 **Section 2** An individual may fully or partly waive confidentiality intended to protect him or her, unless otherwise stated in this law. If an individual consents to the sharing of this type of confidential information but requires the authority to include a reservation restricting the recipient's right to forward the information or to use it, the authority is to include such reservation when providing the information.