

# Consent form for the disclosure of personal data to municipal health services



## 1. Purpose

By signing this form, I consent that the asylum reception centre where I live can share the personal data about me listed in section 2 with the municipality of

so that the reception centre can help me to make an appointment with health services



## 2. Which personal data will the municipality be given?

I consent to the following personal data being shared with my host municipality:

- Name
- Gender
- D-number
- Telephone number
- Email address

I am aware that I can also contact the municipality myself in order to obtain healthcare. I understand that giving consent to the asylum reception centre to give my personal data to the municipality is voluntary and that I have the right to receive healthcare even if I do not give my consent.



## 3. About consent

Consent is given on a voluntary basis and applies as long as I live at the asylum reception centre. I can withdraw my consent at any time by contacting the reception centre.

When I move from the asylum reception centre, my consent will no longer be valid, and the form containing all my personal data will be immediately deleted by the reception centre.



## 4. Legal rights

I have the right to access, correct, and delete my personal data listed in this consent form by contacting the asylum reception centre.

The municipality has a duty to archive under the Archives Act. This means that personal data I share with the municipality may be deemed to have archival value and, in such case, must be preserved and cannot be deleted, even if I later withdraw my consent.



## 5. Confirmation of consent

I hereby confirm that I understand the terms of this consent and give my consent for the reception centre to share my personal data with the municipality as described above.

Place

Date

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Signature