

Permission to exchange medical information within VSV HMC

Please fill out this form and hand it in during your next visit to your midwife or doctor. The form will be added to your records. You can withdraw your permission at any given time by telling the midwife or doctor with whom you had your first appointment.

- ☐ I grant permission to share information about my pregnancy, delivery and postnatal care of me and my child with the health care providers stated below.
- ☐ I grant permission – in case my health care provider decides this is necessary – to discuss my pregnancy, delivery and postnatal care of me and my child in a multidisciplinary meeting of health care professionals and to share my medical records with the health care providers stated below.
- Health care providers of HMC
 - Midwives Practice
 - General Practitioner (G.P.)
 - Maternity Care Organization (Kraamzorg)
 - Consultation Bureau (Centrum voor Jeugd en Gezin, CJG)
 - Perined, perinatal registration database
(more information: <https://www.perined.nl/voor-wie-werken-we/publiek-ouders>)
 - Other _____

- ☐ I do not agree with the exchange of medical data.

Last name and initials: _____

Date of birth: _____

Address: _____

Postcode and place of residence: _____

Email address: _____

Date: _____

Signature: _____

¹ health care providers of HMC are: gynecologists, obstetricians, resident doctors, pediatrician, nurse and doctors assistants working for HMC (merger of Bronovo, Westeinde and Antoniushove Hospital).