Afbeelding met tekening

Automatisch gegenereerde beschrijving

**CAPACITY- COVID**

**OPT-OUT Form**

**Use of medical data**

In the [*name hospital*] we are performing scientific research to identify new and better treatments. To do this, we want to use your medical data. We adhere to the legislative framework regarding your data.

**Medical data**

Medical data consists of data which is generated during examinations, diagnostic tests and medical treatments. These data are collected in your electronic health record. Examples of medical data are:

* name of an illness (diagnosis)
* the medical treatment and results of this treatment
* (X-ray / CT / MRI) photos
* Electrocardiography (ECG)
* Results from blood tests

**Privacy**Your medical data are confidential and part of the patient-doctor confidentiality. Therefore, before we can use your medical data for scientific research, we undo it of any personal data that could be used to identify you. Instead, we use a code through which we can trace to what patient the data belong. The key to this code is kept in your local hospital and kept secret. Only the local principal investigator has access to the key in case additional data needs to be collected and/or to check the data quality. In this way, we keep your data confidential and conform to the laws governing privacy.

**Results of the scientific research**

You do not personally receive information about the scientific research for which your medical data are being used. For information regarding new treatment strategies, we would kindly refer you to your attending physician.

**Opt-out?**Do you object to the use of your medical data for scientific research and wish to opt-out? Then please fill in this opt-out form. When you opt-out, we will not use your medical data for scientific research. This does not affect the medical care you receive in any way.

Name and initials:…………………………………………………………………………………………..

Date of birth:.……………………………………………………………………………………………….

Sex:………………………………………………………………………………………………………….

Patient ID: …………………………………………………………………………………………………..  
  
Opt-out: I object to the use of my medical data in scientific research.

Are you filling out this form as a representative to a patient who is themself unable to do so? If so, please specify in which way you are related to the patient.  
  
Relation to the patient:…………………………………………………………………………………….

Place: ………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………...