

**AGREEMENT TO THE MANAGEMENT OF PERSONAL AND SENSITIVE DATA (PRIVACY) Art. 81 Legislative Decree 196/2003
"Privacy Law"**

I declare, under my own responsibility, being aware that stating false information is punishable by law (art.46 and 47 Presidential Decree 18.12.2000, n. 445)

The undersigned _____ born in _____ on _____
codice fiscale _____ residing in _____ CAP/zip code _____

on via/piazza _____ house number ____ as the concerned person, or as
tutor legal representative trustee parent/exerting parental authority
for _____ codice fiscale/ssn _____

born in _____ on _____ residing in _____
CAP _____ on via/piazza _____ house number _____

Having received the informational statement described in Art. 13 of Legislative Decree 196/2003 "PRIVACY LAW" which is also published on the site www.cro.it e being aware that:

- 1. this regards, in particular, the management of personal and sensitive data,*
- 2. consent, once given, can be modified or revoked, in its entirety, or in part,*
- 3. I may decide, at any time, to hide specific documents related to certain instances of diagnosis and treatment;*
- 4. In order to modify or hide information, as stated above, I may contact the Health Administration of the Centro di Riferimento Oncologico. I declare to have understood the contents of the informational statement, and I freely and knowingly give my consent to the management of my personal and sensitive information to the Centro di Riferimento Oncologico, data controller, as described below.*

1) CONSENT TO MANAGEMENT OF PERSONAL AND SENSITIVE DATA

(data produced and used by the Centro di Riferimento Oncologico to provide requested services)

1) I CONSENT TO GIVE PERMISSION TO THE CENTRO DI RIFERIMENTO ONCOLOGICO TO MANAGE MY PERSONAL AND SENSITIVE DATA

YES

NO (END OF QUESTIONNAIRE)

2) CONSENT TO THE MANAGEMENT OF PERSONAL AND SENSITIVE DATA USING ELECTRONIC HEALTH RECORDS AND/OR ELECTRONIC MEDICAL RECORDS

SECTION A - CONSENT TO USING ELECTRONIC MEDICAL RECORDS (EMR)

("container" of data produced by this Centro di Riferimento Oncologico, that can be consulted within it)

A1) I CONSENT TO THE CREATION OF THE ELECTRONIC MEDICAL RECORD AND TO THE INSERTION INTO IT OF ALL THE DATA PRODUCED FROM THIS DAY FORWARD

YES (GO TO QUESTION A2)

NO (SKIP TO SECTION B)

A2) I CONSENT TO THE INSERTION INTO THE ELECTRONIC MEDICAL RECORD ALSO OF ALL THE PREVIOUS DATA

YES (GO TO SECTION B)

NO (GO TO SECTION B)

SECTION B - CONSENT TO ELECTRONIC HEALTH RECORDS (EHR)

("container" of data produced by this Centro di Riferimento Oncologico and that can be consulted by other institutions and health care professionals in the regional health system)

B1) I CONSENT TO THE CREATION OF THE ELECTRONIC HEALTH RECORD AND OF THE INSERTION INTO IT OF ALL THE DATA PRODUCED FROM THIS DAY FORWARD

YES (GO TO QUESTION B2)

NO (SKIP TO SECTION D)

B2) I CONSENT TO THE INSERTION INTO THE ELECTRONIC HEALTH RECORD ALSO OF ALL THE PREVIOUS DATA

YES (GO TO SECTION C)

NO (GO TO SECTION C)

SECTION C – CONSENT TO MAKING CLINICAL PERSONAL AND SENSITIVE DATA INCLUDED IN THE ELECTRONIC HEALTH RECORD AVAILABLE TO REGIONAL SOCIAL HEALTH INSTITUTIONS
(only with the objective of prevention, diagnosis, treatment and rehabilitation)

C1) I CONSENT THAT THE DATA CONTAINED IN THE ELECTRONIC PERSONAL HEALTH RECORD ARE MADE AVAILABLE TO ALL THE INSTITUTIONS AND PROVIDERS OF THE SSR (REGIONAL HEALTH SERVICE)

YES TO ALL (SKIP TO SECTION D)

YES, ONLY TO SOME (GO TO QUESTION C2)

NO TO ANYBODY (SKIP TO SECTION D)

C2) I WANT TO CONSENT VISIBILITY TO THE FOLLOWING INSTITUTIONS/PROVIDERS:

C2.1) INSTITUTIONS:

ASS1 TRIESTINA

AOPN S.M. ANGELI

ASS2 ISONTINA

AOTS OSPEDALI RIUNITI

ASS3 ALTO FRIULI

CENTRO ONCOLOGICO DI AVIANO

ASS4 MEDIO FRIULI

AOU S.MARIA DELLA MISERICORDIA

ASS5 BASSA FRIULANA

IRCCS BURLO GAROFOLO

ASS6 FRIULI OCCIDENTALE

C2.2) OPERATORI DEL SSR:

MY OWN GENERAL PRACTITIONER / PRIMARY CARE PEDIATRICIAN

MY OWN GENERAL PRACTITIONER / PRIMARY CARE PEDIATRICIAN AND EVERY ONE OF HIS/HER

SUBSTITUTES

MY OWN GENERAL PRACTITIONER / PRIMARY CARE PEDIATRICIAN AND EVERY ONE OF HIS/HER SUBSTITUTES AND ASSOCIATES

SECTION D – CONSENT TO THE MANAGEMENT OF DATA WITH THE GOAL OF CLINICAL RESEARCH, EPIDEMIOLOGY, AND EDUCATION

(with the objective to improve knowledge, treatment and prevention)

D1) I CONSENT THAT CLINICAL DATA, INCLUDING PHOTOGRAPHIC OR FILMED IMAGES RELATED TO SURGERIES, SUBJECT OF TREATMENT, MADE ANONYMOUS, COULD BE USED FOR THE GOAL OF CLINICAL RESEARCH, EPIDEMIOLOGY, EDUCATION, AND THE STUDY OF PATHOLOGIES

YES

NO

This consent to management of data is permanently valid for this institution, until it is revoked and/or modified, and/or the subject comes of age.

If the document is presented by a third party, it must be accompanied by a power of attorney, and a valid ID for both parties (may be a photocopy)

Date..... / / 201....

Signature.....

Office use only

RACCOLTA CARTACEA: OPERATORE OR..... DATA..... FIRMA OPERATORE

INSERIMENTO IN GECO: OPERATORE OR.....N° REG.GECO FIRMA OPERATORE

Note: