



OZOverbindzorg

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Statement of consent for participation in OZOverbindzorg and acceptance of Terms and Conditions of Use

1. Statement of consent for participation in OZOverbindzorg

Your consent is required for the inclusion and use of your data in OZOverbindzorg.

With this form you consent to this. The data might be provided by you but could also be data requested from your care providers or institutions where you are a client or data that are entered directly into OZOverbindzorg by the emergency services.

Statement

I give my consent under the following conditions:

- My consent only applies to the persons/institutions for which I have given consent and the emergency services. For new data processing, the coordinator will ask me or my client representative for consent again;
- The coordinator has informed me about the data that is exchanged about me and about the data that is registered about me;
- The coordinator has explained to me what data are involved and why these data are needed to help me;
- When data are no longer needed, the coordinator will ask the participating care providers not to register these or to delete them;
- I can choose not to give consent or to give consent only for certain care providers. The coordinator will explain the consequences for the assistance I receive if I do not give consent for certain data or people;
- I may withdraw my consent at any time. In some cases, the withdrawal of my consent will affect the assistance I receive. The coordinator will inform me of this on a case-by-case basis;
- A care provider will not have data removed from OZOverbindzorg without my express written consent, which consent I can, but do not have to give, even in the event of termination of the treatment relationship with the care provider.

2. Acceptance of Terms and Conditions of Use

Before you can use OZOverbindzorg, you must accept the "OZOverbindzorg" Terms and Conditions of Use. The "OZOverbindzorg Terms and Conditions of Use" can be found and downloaded at the website www.ozoverbindzorg.nl

By signing, I agree that data about me will be processed in OZOverbindzorg and I consent to having the data made available for emergency services. By signing I declare that I have read, understood and accepted the Terms and Conditions of Use of OZOverbindzorg:

Client's name:

Town/city:

Client's signature:

Date:





Registration form client’s network

The details of the people and professionals who may be added to the client’s network when the client is entered in the OZOverbindzorg can be entered on this form. On signing the statement of consent the client has agreed to this.

<p>1. Client’s details</p> <p>Initials and last name</p> <p>BSN number</p> <p>Date of birth</p> <p>Place of residence</p> <p>Email address</p>	<p>.....m/f</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2. Details of client’s representative/carer</p> <p>Initials and last name</p> <p>Relationship</p> <p>Email address</p> <p>Telephone number</p>	<p>.....m/v</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>3. Details of care providers/professionals</p> <p>Name of VluchtelingenWerk coordinator</p> <p>Name of VluchtelingenWerk coach</p> <p>Name of Werkplein Activerium process director</p> <p>Name of Lucrato client manager</p> <p>Name of (citizenship /regular) education and teacher</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>



Name of school children and their teacher(s)
Budget buddy/ debt assistance organisation Name of budget buddy/debt assistance provider
Name of general practitioner
Name of pharmacy Name of (home) care provider
Team home care
Name of/relationship to other involved persons (e.g. family member, volunteer, church, language buddy)