

Centre for Rare Diseases | Eythstraße 24 | 89075 Ulm, Germany

Case Management

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Declaration of consent and authorisation for the release of medical information

Surname, first name, patient's DOB

Address

I have read and understood the information provided by the Centre for Rare Diseases (ZSE) on data processing and data protection.

I agree that the ZSE contact point at Ulm University may process my personal medical data on the authority of the University Medical Centre as described in the information and as necessary for the coordination of my enquiry. I release my treating doctors as well as the involved experts from their duty of confidentiality towards the staff of the ZSE contact point as necessary.

I agree that the contact point may send my personal and medical information to experts and doctors at the member institutions of the ZSE (particularly University Medical Centre Ulm, Rehabilitation Hospital Ulm (RKU), Bundeswehrkrankenhaus (military hospital) and Bezirkskrankenhaus Günzburg (district hospital) for review and analysis.

This consent is voluntary and can be withdrawn at any time by notifying the ZSE contact point. In the case of withdrawal, all documents are to be returned, copies to be destroyed and stored data to be deleted.

Place and date

Signature of the patient or legal guardian