

Consent to contact / access your medical record

Patient's name .....

Patient's date of birth .....

BSN number .....

I hereby give permission to:

Name of representative .....

Relationship to patient .....

Representative's phone number .....

Representative's email address .....

to contact my general practitioner, Mr. G. Wildeboer, Ms. A. Viljac, or the support team,  
on my behalf about:

- my medical questions
- my results and examinations
- my medical records

This consent will be recorded and stored in your medical record. You can change or withdraw your consent at any time. In that case, please contact the practice. This consent automatically ends after your death to protect the privacy of your medical data.

Your signature: .....

Date: .....

**Please submit this form in person to the assistant, along with a copy of both forms of identification.**

The general practitioner maintains a medical file on the patient. The rights and obligations of the patient and their healthcare provider are regulated in the Medical Treatment Contracts Act (WGBO). For more information, see <https://www.patientenfederatie.nl/extra/het-medisch-dossier/inzage-in-je-dossier-door-anderen>.