

Power of attorney

Related to surgery or other relevant medical treatment

PLEASE USE CAPITAL LETTERS UNLESS THE FORM IS COMPLETED ON-LINE.

Last name		First name	
Norwegian social security No. (11 digits)			
Address			
Postal Code		Town/city	
Telephone (daytime)		E-mail	
Name of Physician issuing medical referral			
Address		Telephone	
Type of insurance:	Private insurance	<input type="checkbox"/>	Insured by Company
		<input type="checkbox"/>	<input type="checkbox"/>
If insured by a Company:		Name of department/subsidiary	Date of employment
Name of Company			
Please state type of disease/condition conc. this application			
Date of initial medical consultancy related to this diagnoses:			

With reference to Terms and Conditions issued by Vertikal Helseassistanse AS, the undersigned hereby authorize Vertikal Helse:

- To collect all necessary medical information related to any medical procedure in question covered by this agreement/insurance, from physicians or other health care personnel or hospitals.
- Physicians and Health Care Institutions, involved in the medical treatment, are released from professional secrecy and client confidentiality obligations in order to provide Vertikal Helseassistanse AS with all necessary and relevant information concerning the insurance case. This also applies if this information may result in loss or partial loss or reduction of rights covered by the undersigned insurance agreement.

Please fill in this form as accurately and completely as possible. A person intentionally giving false or incomplete or misleading information may loose or jeopardize any or all rights covered in the insurance agreement.

If you have any questions related to your case, please contact us at medisin@vertikalhelse.no

This Power of Attorney gives Vertikal Helse authorization to collect on my behalf, offers regarding consultations and assessments by specialists or other medical treatment. Upon receiving offers including appointments for consultancy/surgery, treatment or X-Ray/MR analyzes and diagnostics, I have the right to refuse any or all of these offers. In such case Vertikal Helse will not guarantee that a new offer, as described above, will be given to me within the time guaranteed in the insurance contract.

.....
Date

.....
Signature

.....
Next of kin
(if the patient is under 18 years)

Vertikal Helse will treat all confidential information according to your rights under the «Data Protection Act» – Personopplysningsloven.

Vertikal Helseassistanse AS | P.O. Box 193 Skøyen | 0212 Oslo

Privacy statement

Background

As of 16.09.17, a cooperation has been entered into between If Skadeforsikring NUF (hereinafter called If) and Vertikal Helseassistanse AS (hereinafter called Vertikal Helse), including a Data Processing Agreement between the companies, as of this date. Collected data for customers with Codan as an insurer will not be shared with, or be available, for If.

Data controller

If, represented by its CEO, is responsible for all data that is collected upon signing new If/Vertikal Health Insurance agreements and for renewals after 16.09.17 with If as insurance carrier. Vertikal Helse, represented by its Managing Director, is the data processor.

If is the data controller for personal data used by Vertikal Helse in connection with claims settlement. Vertikal Helse is the data controller of personal data that the company processes for its own purposes/products.

Purpose of data processing

The purpose of collecting and processing personal data regarding customers/insured, is to use this information to provide the best possible treatment in accordance with the customer's needs. We require the customer's national identification number, as this is required to collect necessary information from physicians and hospitals.

A signed consent ensures Vertikal Helse the right to collect necessary medical data from physicians, other healthcare personnel or from hospitals relating to a relevant treatment.

Legal basis for processing of personal data

The basis for processing of personal data is to fulfil contractual obligations in relation to customers, or to perform services in accordance with the customer's needs.

What kind of personal data is processed?

Personal data and health data submitted by customer/insured and medical personnel, is managed in accordance with the Personal Data Act. All health data is processed in a secured computer system, where security and access control is up to date.

Optional

It is optional for the customer to disclose personal data to Vertikal Helse, but in order to fulfil the agreement regarding medical assistance, the customer must provide necessary information to the medical advisor.

Disclosure of personal data

Vertikal Helse has a duty of confidentiality – and a duty to secure that information of a medical nature is not forwarded to anyone other than those who are directly involved in the treatment. The customer will always be informed when Vertikal Helse requires use of this consent.

Signed consent serves as an acceptance that Vertikal Helse may collect offers for specialist assessments and operations/treatments at private clinics or public hospitals. All such communication takes place in a secure computer system, or via encrypted and secure transfers to hospitals and sub-contractors.

The information regarding the customer/insured is used to ensure that the customer receives the best possible treatment offer, and the data is only forwarded to physicians and other healthcare personnel when directly involved in the customer's assessment and treatment.

Archiving, correction and deletion

Vertikal Helse's Data Processing Controller is obliged to correct personal data, when the data is incorrect, inadequate or unnecessary.

Upon completion of treatment, the case will be closed and the customer/insured may upon request receive documents containing their own personal health data. Otherwise, the medical data will be archived and deleted in accordance with applicable personal data legislation.

The customer may exercise their rights, free of charge.

Access to information

Each customer is entitled to access the information Vertikal Helse has regarding the person concerned, including what measures the company has as to safeguarding confidential data. The customer is entitled to receive a reply within 30 days when forwarding a written request to the company. It is necessary to receive a signed request from the customer, assuring that no one is pretending to be the concerned person, and requesting the customer's personal data.

Anyone may contact Vertikal Helse and request information on how the company generally processes personal data.

Contact information

Quality insurance board, 23 01 48 00