

All. 4 Authorization to the sensitive data communication

AUTHORIZATION

I the undersigned

Born in

Resident in

Acting as (tick the suitable option)

patient

legal representative of the patient Mr./ Mrs

Born in _____ on _____

AUTHORIZE A.S.L. V.C.O. OPERATORS TO COMMUNICATE SANITARY INFORMATION CONCERNING

(tick the suitable option)

only to the undersigned

to the relative that request it, and especially:

- Spouse
- Sons or daughters
- Parents
- Relative till the 4° class
- Other relatives till the 2° class
- Life partner

to everybody requests it

to the CAVS operators of _____

to the doctor

only to the following people

N.B. in case of hospitalization we beside remember you that our switchboard and department operators will confirm your presence in hospital to people that ask information about you (to allowed the communication or visits of relatives and friends), unless you indicate in the following line (ticking the correct choose) the denial to confirm to other people your presence.

I DON'T want that my presence in hospital will be communicate and/or confirm to other people

Date .././....

Legible signature patient (or of the legal representative)
