



Kommunikationscentret
Rygårds Allé 45
2900 Hellerup

Tlf.: 45 11 46 00
www.komcentret.dk

Name:	CPR number:
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I hereby give consent to Kommunikationscentret to obtain, register and give relevant information from and to: (tick off, see below)

- Administration departments of the local authority
(to be ticked off, otherwise Kommunikationscentret cannot handle your case)
- Next of kin/contactperson
Name: _____
- Specialists - for example ear-nose-throat specialist, neurologist or eye specialist
Name: _____
- Hospital/Hospital Wards
Name: _____
- Schools and training sites
Name: _____
- Others – for example center for rehabilitation, translator or the like
Name: _____

This consent certificate is valid while my case is in progress at Kommunikationscentret.

The purpose of the information exchange is to let Kommunikationscentret organize a process targeting my resources and needs, and which compensates for my challenges.

I have been informed that the local authority is authorized to decide about guidance, schools or training sites, aids (if necessary) recommended by Kommunikationscentret.

This consent certificate is valid until my case at Kommunikationscentret is finished.

Consent is given according to Databeskyttelsesforordningen (GDPR). Consent can always be withdrawn, fully or partly. Complaint procedures as to data treatment is stated in Databeskyttelsesloven.

- Kommunikationscentret may send text messages (SMS) to me reminding me about my appointments, mobile number: _____

Date:	Signature (not necessary if you send by borger.dk/e-Boks). If the applicant is underage/has a guardian, this consent certificate must be signed by the applicant's parent or guardian.
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If signed by parent or guardian, please write name and relation in block letters here:
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