

Notice of Information Collection and Disclosure

According to the Special Education Act, the Center for Special Education for Adults is obliged to ensure that your eligibility for special education is determined. In order to determine this, it is necessary to obtain additional information from other healthcare professionals. Therefore, you must authorize us to obtain statements and information from other professionals in connection with the processing of your case.

Therefore, with your signature below (enter name and CPR) With my signature the undersigned authorizes,

you authorize the Center for Special Education for Adults to obtain and disclose medical records necessary to process the case from/to -

	Name and address, if applicable
U & U-counselor	
Social Worker/Case Worker	
🗌 Jobcenter	
Granting authority	
Medical doctor	
Psychiatrist	
Ear, nose, and throat doctor	
Ophthalmologist	
Hospital in Region H, Dept:	
My relatives	
Other	

Please remember to fill in the fields with the name and address of the healthcare professionals and other people, we are allowed to contact.

Date

Signature

Legal basis for processing medical records

According to §1 of the Special Education Act, special education is a service provided to people who, due to a mental or physical disability, require specially adapted education. The Guidelines to the Special Education Act, Chapter 4, determines that all data must be collected with the consent of the participant, which is the basis for this statement.

The information processed includes name, CPR number and health information, and the nature of the health information depends on the opinions and information provided by various professional groups. The personal data is processed based on Article 6(1)(e) and Article 9(2)(f) of the General Data Protection Regulation. The social security number is processed based on section 11(1) of the Danish Data Protectection Act.