

Application for compensation

To be completed by the patient

1. Patient (for safety considerations, please write name on every page)

First name(s):	Surname:	Civil Reg. No. (CPR):
Address:	Postal code:	Town:
Phone number:	E-mail address:	
2. Injury		
What type of injury are you Describe the injury and the	seeking compensation for? consequence with your own words.	
-		
When did the injury occur? Please note the date (day-n	nonth-year).	
When were you aware that Please note the date (day-n		
Where in the health service For example, hospital, gene	did the injury occur? ral practitioner, specialist, or dentist. F	Please note name and address.

2 Name:		
3. Treatment		
Have you been examined or treated for the injury?		
☐ Yes ☐ No		
If yes:		
Where were you treated? For example, hospital, general practitioner, specialist, or dentist. Please not	e name and ad	dress.
When were you treated? Please note the date (day-month-year) or period.		
4. Economy		
What was your employment, when the injury occurred?		
☐ Employee ☐ Self-employed ☐ Student, trainee or apprentice ☐ Other	Retired	Unemployed
Have you taken sick leave due to the injury?		
☐ Yes ☐ No		
Have you suffered a loss in income due to the injury?		
Yes No Unsure		
If yes:		
What has your loss in income been in total until now? Write an approximate amount.		
Have you had other expenses as a result of the injury? For example, expenses to medicine, rehabilitation, or transport.		
☐ Yes ☐ No ☐ Unsure		
If yes:		
What have your expenses been? Write an approximate amount.		

3 Name:		_	
5. Original illness			
Which kind of illness o	r injury were you originally be	eing treated for?	
5. General practitioner			
General practitioners n We may need informa		tioner. Please note name and a	address.
		or attorney) to conduct your cas Itual compensation will be paid Relation to you:	se, please fill out the form below directly to you. Company name:
Address:	Postal code:	Town:	CVR-nr/CPR-nr:
Phone number:	E-mail address:		
8. Signature			
Danish Patient Compe		on information as mentioned in	t consent and authorize, that Then appendix 1.

4 Name:	
10. Further information	

5		
Name:	 	

Appendix 1 - Consent

I give my consent to,

- The Danish Patient Compensation can obtain information, e.g. health information and other personal information, which the Danish Patient Compensation deems to be of importance for the handling of the compensation case, from hospitals, doctors, dentists, and other healthcare workers, institutions, municipalities, regions, SKAT, Danish Health Authority, Labour Market Insurance, insurance companies, etc. in accordance with the Danish Act on the Right to Complain and Receive Compensation within the Health Service section 37 (1). My consent means that healthcare professionals, treatment centers, authorities etc. can find information for the case by searching in medical record systems and look up information about medicine if deemed relevant to assess the compensation case.
- The Danish Patient Compensation can pass on health information, personal information, including information given in the application, to the involved authorities: regions, insurance companies, hospitals, doctors, dentists, and other health professionals. The Danish Patient Compensation can also pass on information to public authorities, insurance companies and others to the extent necessary for the processing of the compensation case.

General information about the Danish Patient Compensation's privacy policy

The Danish Patient Compensation respects your right to privacy and your personal integrity. It is therefore important for us to draw your attention to the fact that we take care of your information and keep it confidential.

In our privacy policy, you can read how the Danish Patient Compensation processes and protects your personal data, and which rights you have in this regard.

Data controller

The Danish Patient Compensation is responsible for the processing of the personal data we have received about you. Our contact details are:

Danish Patient Compensation Kalvebod Brygge 45 DK-1300 Copenhagen K Telephone: +45 33 12 43 43 Email: pebl@patienterstatningen.dk

The purpose of processing your personal data

The Danish Patient Compensation processes personal data for the following purposes:

- To assess whether you are entitled to compensation for an injury in accordance with the Danish Act on the Right to Complain and Receive Compensation.
- So, you have access to our digital system Netservice to follow your case.
- For us to respond to your enquiry to us.
- To support research and injury prevention.

We only collect personal information about you in accordance with the relevant legislation and with your consent.

This legislation includes the Danish Act on the Right to Complain and Receive Compensation and the Liability for Damages Act. These state that we must obtain all the information about you that is necessary to assess and make a decision in the case. In this regard, we may obtain information about you from hospitals, doctors and other healthcare professionals, public authorities and insurance companies, etc.

Storage of personal data

We only store your personal data for as long as necessary for the purpose for which we need it.

How we take care of your personal data

The Danish Patient Compensation regularly employs the appropriate security measures to protect your personal data against unauthorised access, modification, or deletion.

We do this by carrying out frequent checks of processes and technology, by collaborating with security experts and by using the latest security technology.

The rules for processing personal data

Our processing of your personal data takes place in accordance with the provisions of the Danish Data Protection Act and the General Data Protection Regulation.

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Name:		

Your rights

In accordance with the data protection regulations, you have the following rights in relation to our processing of your personal data:

- You have the right to have access to the information we process about you.
- You have the right to have incorrect or insufficient information about yourself corrected.
- In special cases, you have the right to have information about you deleted before the time of the Danish Patient Compensation's general deletion takes place.
- In certain cases, you have the right to restrict the processing of your personal data.
- You have the right to object to the Danish Patient Compensation's lawful processing of your personal data.

If you wish to exercise your rights, please contact us.

If you have applied for compensation for an injury as a result of treatment or adverse reactions to a medicinal product, you have the option of gaining insight into your case in the Danish Patient Compensation's digital system Netservice by logging in with MitID under "Følg din sag" [Follow your case]. You can read more about your rights on the Danish Data Protection Agency's website.

Data Protection Officer

If you have any questions about our processing of your personal data, you are always welcome to contact the Danish Patient Compensation's data protection officer, Peter Jakobsen, as follows:

By e-mail: <u>dpo@patienterstatningen.dk</u>

By phone: +45 33 12 43 43

Information about complaints to the Danish Data Protection Agency

You have the right to lodge a complaint with the Danish Data Protection Agency if you are dissatisfied with the way in which the Danish Patient Compensation processes your personal data. You can find the contact details of the Danish Data Protection Agency at www.datatilsynet.dk.