

**e-form**

**ACCESS BY DOCTOR TO YOUR PERSONAL HEALTH DATA THROUGH THE MYHEALTH SERVICE**

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You can give a doctor access to your personal health data through the myHealth service by using the online service or by completing and signing this form and sending it to the myHealth office.

DOCTOR'S DETAILS (Doctor's full name)

Medical Registration Number

Telephone/mobile numbers

YOUR First Name

YOUR Surname

YOUR Date of birth

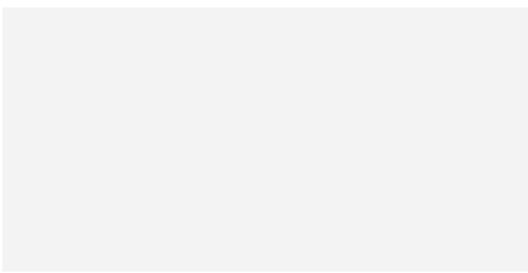
Identity Card Number

Telephone/mobile numbers

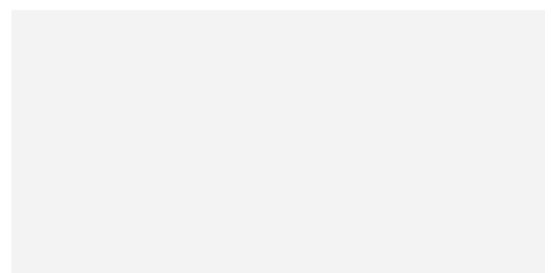
Your E-Mail Address

I, the undersigned, give my consent for the above-named doctor to access my personal health data through the myHealth service. I understand that I can request revocation of this consent by writing to the myHealth office by post or by email.

Date



Your signature



Doctor's signature (as witness)

Kindly note: Signatures can be applied via touch screen or mouse