

MEDICAL POWER OF ATTORNEY

(permission to request and use medical information)

Due to the incident specified below, I (the undersigned) have suffered injury for which I wish to claim damages from the liable party. My medical advisor will establish and assess all medical aspects that may be significant to handling the claim. The objective is to determine the facts of the incident, the nature and scope of the injury, the diagnosis, treatment, and course of my recovery.

WITH THIS DOCUMENT, I (*injured party / personal injury victim*):

| | |
|----------|----------------|
| Name: | Date of birth: |
| Address: | |
| Email: | Tel.: |

Regarding (*date + brief description of event leading to loss*):

| | |
|--------------------------------|-------------------|
| Brief description of incident: | Date of incident: |
|--------------------------------|-------------------|

GRANT PERMISSION TO (*my medical adviser / advocate*):

| | |
|--|--------------------------------|
| de Bureaus t.a.v. Postbus 14 3500 AA UTRECHT By reference: | and/or another medical adviser |
| Client: | Dossier number client: |

TO:

| |
|--|
| Request, view and exchange, on my behalf, all medical information and he/she may deem necessary for the settlement of the claim regarding the loss that I have sustained; and to use this information (to advise me and my advocate) with due observance of the Medical Section of the Code of Conduct for Treatment of Personal Injury (for an explanation: see the reverse of this form). |
|--|

SIGNATURE (*by injured party / personal injury victim of their legal representative*):

| | |
|-------|------------|
| City: | |
| Date: | Signature: |

*I have read the explanation on the reverse of this form and agree to the method described.
(unless you inform me otherwise, this medical power of attorney is valid until 2 years after date of signature)*



Europalaan 500 (4e verdieping) · 3526 KS Utrecht
Correspondentieadres: Postbus 14 · 3500 AA Utrecht



GENEESKUNDIG ADVISEURS VERZEKERINGSZAKEN

EXPLANATION OF USE OF MEDICAL INFORMATION

Rules for handling your medical information

Your medical data must be handled carefully. The Medical Section of the Code of Conduct for Treatment of Personal Injury Claims specifies what constitutes careful handling of your medical information. You will find the Medical Section on www.deletselschaderaad.nl. The most important rules can be found below. For more information, please contact your advocate or the liable insurer.

Why is access to your medical information necessary?

You have incurred personal injury and wish to claim damages from the liable party. That party's insurer needs your medical information to assess your situation. Without information, the insurer cannot determine what injury you have incurred and what complaints and limitations have resulted. The insurer requires your explicit permission to request and use your medical information.

Who will request your medical information?

If you do not have an advocate, the insurer's medical adviser will request medical information about you. If you do have an advocate, they will often consult a medical advisor. Generally, that medical advisor (or your advocate themselves) will then request your medical information.

How do you give permission if you do not have an advocate?

The insurer's medical adviser will request the necessary information from your treating physician(s) and/or healthcare personnel. You authorise your physician(s) to provide the information with the help of one or more specific medical authorisations. 'Specific' means that your permission only applies to the information described in the authorisation and only for the specified physician, healthcare provider or organisation. You can revoke this authorisation at any time.

How do you give permission if you do have your own medical advisor or advocate?

You can give your physician(s) and/or healthcare providers specific medical authorisation, but you can also opt for a medical power of attorney. With this, you authorise your medical advisor (or advocate) to request the necessary medical information in your name from all your attending physicians, healthcare providers and organisations. You can revoke this authorisation at any time.

What medical information will be requested?

Usually, the insurer's medical adviser only needs the medical information that is directly related to the incident that caused the loss (such as an accident). Sometimes, medical information is also needed that does not directly relate to the accident. In that case, the medical adviser must clearly state why they cannot assess your case without such additional information. The Medical Section of the Code of Conduct for Treatment of Personal Injury Claims (§3.3.1) specifies what rules apply. Your medical information will only be used for your personal injury claim.

Who has access to your medical information?

If you have an advocate and a medical advisor, they assess the requested information. In addition, the insurer's medical adviser (and their medical staff) assesses your medical information. Sometimes the medical advisor will consult a (medical) specialist, for example if specific medical knowledge is required for the preparation of the advice. The insurer's medical adviser will only incorporate the medical information that they consider relevant to your case in their advice.

Is only the medical advice provided to others?

The medical advice goes to those who process your case for the insurer. Sometimes an occupational health expert or an attorney of the insurer may also view the advice. Generally, the insurer only needs the medical advice. However, sometimes underlying documents may also be needed to assess your situation. In that case, the insurer's medical adviser will include this information in the appendices to their advice. Strict conditions apply to this as well. You can find these conditions in §3.6.4 of the Medical Section of the Code of Conduct for Treatment of Personal Injury Claims.

Medical information in a legal procedure

Usually, personal injury is handled in consultation with the insurer. Sometimes the parties do not agree, and the court must decide. It may then be necessary to send (part of) your medical information to the court.

Knowing where your medical information is

All parties concerned - your advocate, the medical advisors, and the insurer - keep track of when and to whom they provide which medical information. You can request this information from the insurer and/or your advocate at any time. In this way, you always know where your medical information is.

MEDICAL POWER OF ATTORNEY

(permission to request and use medical information)

Name injured party:

Date of birth:

Dossier number:

Treating physician(s) or therapist(s):

| Name of family practitioner / specialist / therapist | Speciality | Hospital / institution | Address | Postal Code + City |
|--|------------|------------------------|---------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |