

HEALTH INSURANCE - PSYCHOLOGIST

Policy		
Name		CPR No.
Address	Tel.	Mobile

To be filled in by the insured. All questions must be answered.  
Your insurance cover is detailed in your statement of cover and in the insurance conditions.

1.

Which illness/condition or symptoms do you have?	_____
What has given rise to your need for psychological help?	Please provide a detailed description: _____
	_____
	_____
	_____
	_____
	_____

2.

Is your illness/condition work-related?	No Yes <input type="checkbox"/> <input type="checkbox"/>
<i>The definition of work-related illness is whether there is a connection between your performance of work and the illness/condition you have Eg. associated with layoffs, counseling to employees who have been victims of robbery or stress because of too much work.</i>	

3.

Is your illness/condition/symptoms the result of an accident?	No Yes <input type="checkbox"/> <input type="checkbox"/>	Date of accident: _____
		Please provide a detailed description: _____
		_____
		_____
		_____
		_____

4.

When did you first notice any symptoms of the illness/condition?	Date: _____
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5.

Have you consulted your usual doctor because of the illness/condition/symptoms?	No Yes <input type="checkbox"/> <input type="checkbox"/>	Date of first visit: _____
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6.

Who is your usual doctor?	Navn: _____ Adresse: _____ _____
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7.

Have you previously needed psychological or medical help for psychological reasons?	No Yes <input type="checkbox"/> <input type="checkbox"/>	When: _____
<b>If yes:</b> What gave rise to your previous need for psychological or medical help?		Please provide a detailed description: _____ _____ _____ _____ _____
Who treated you?		Name: _____ Address: _____ _____

8.

Do any other illnesses or conditions influence your current condition?	No Yes <input type="checkbox"/> <input type="checkbox"/>	Which: _____
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9.

Have you been referred to psychological services by the Danish Health Care Service?	No Yes <input type="checkbox"/> <input type="checkbox"/>	
<b>If no:</b> Has your own doctor recommended that you seek psychological help?	No Yes <input type="checkbox"/> <input type="checkbox"/>	

10.

Are you a member of the health insurance company "danmark"?	No Yes <input type="checkbox"/> <input type="checkbox"/>	Which group: _____
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11.

Have you reported the illness/condition under other insurance or is it covered by another insurance?	No Yes <input type="checkbox"/> <input type="checkbox"/>	Which company: _____ Policy number: _____
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### Declaration

I declare that all questions have been answered to the best of my knowledge and that I have not withheld any information which might be relevant to a decision on whether the conditions laid out in the insurance policy have been fulfilled.		
_____	_____	_____
Date	CPR No.	Signature

**We need your consent – this is why**

To be able to assess your request for insurance benefits, we need information about your accident, your illness or any other event substantiating your insurance claim. We will typically need information about your illness and treatment, if any. We may also need information from before the accident/illness in order to assess whether your current condition may have causes that are irrelevant to the insurance.

The information stated in your request for insurance benefits or the claims notification is thus in many cases not sufficient. Remembering information dating back a while can be difficult. This may be particularly true when the information is of a medical nature, for example. We therefore need to be able to obtain such information from sources that are also familiar with the circumstances and have documentation of the events in medical records, files and the like.

When you make a request for benefits from Danica Pension, you are required under the Danish Insurance Contracts Act to provide us with all available information relevant to the assessment of your claim.

**Your doctor and others may disclose health information with your consent**

Pursuant to the Danish Health Act, your doctor may disclose information about your health, information about other personal matters and other confidential information if you give your consent.

Pursuant to other legislation, public authorities and insurance companies and others may also disclose information about you if you give your consent.

**You will be notified each time Danica Pension obtains information**

Each time we obtain information, you will be notified about why we requested the information, the type of information we requested, the precise period for which we requested it and from whom.

**Payment of insurance benefits**

If you have had out-of-pocket expenses to pay for treatment, under the Danish Insurance Contracts Act you are not entitled to receive insurance benefits until 14 days after Danica Pension receives the information about you that is necessary to assess your claim and determine the amount of benefits you are entitled to.

**You can withdraw your consent at any time**

A copy of this consent will be given to anyone from whom Danica Pension wishes to obtain information. If you change your mind about having given your consent, you can withdraw it at any time. You can do so by calling us on +45 70 25 02 03 or by contacting us via [danicapension.dk](http://danicapension.dk).

If you choose to withdraw your consent, this will only apply from the date of your withdrawal. This means that, up to the date of withdrawal, the registration and use of your personal data will be based on the consent you have previously given.

Please note that withdrawing your consent could mean that we will not be able to process your request for benefits, as we will not be able to obtain all relevant information that we need to assess your claim.

**Processing of personal data**

We protect your personal data by taking all relevant measures in accordance with the legislation.

Read more about how Danica Pension looks after your personal data and the privacy rights you are granted by law at [danicapension.dk/personoplysninger](http://danicapension.dk/personoplysninger).

# CONSENT

FP 005 CONSENT: WHEN I BECOME INJURED OR ILL  
HEALTH INSURANCE

Danica Pension • Parallevej 17 • 2800 Kgs. Lyngby • Danmark  
Telephone +45 70 25 02 03

Name	CPR-no.
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With my signature, I consent to Danica Pension, collecting and disclosing, in connection with the consideration of my case, the information relevant for the company's consideration of my case.

Danica Pension collects information to be able to assess whether the insurance covers the required examination and/or treatment of my injury/illness. In this connection, Danica Pension may disclose information that identifies me (such as my civil registration number) and relevant information about my insurance case and my health to the parties from which the company collects information. Danica Pension will specify to the parties from which information is collected what information is relevant.

### From whom can information be collected?

With this consent, Danica Pension may for one year from the date of my signature collect relevant information from the following parties:

- My current and former general practitioner.
- Public and private hospitals, clinics, centres and laboratories.
- Medical specialists, physiotherapists, chiropractors and psychologists.
- Alternative therapists.
- Other insurance and pension companies to which I have reported my injury/illness.

With this consent, the specified parties may for one year from the date of my signature disclose the relevant information to Danica Pension.

### To whom may relevant case information be disclosed?

With this consent, Danica Pension may disclose relevant case information to the following parties in connection with the consideration of my case:

- The private hospital/private clinic at which I have chosen to be examined and treated.
- Sygeforsikringen "danmark" (Health Insurance "danmark") if I receive any reimbursements for the treatment covered.
- Other insurance and pension companies to which I have reported my injury/illness.
- Falck Healthcare ([www.falckhealthcare.dk](http://www.falckhealthcare.dk)).

### What types of information may be collected and disclosed?

The consent covers collection and disclosure of the following categories of information:

- Medical information, including information about illnesses, symptoms and contacts to the health services.

### For what period of time may information be collected?

The consent covers information for a period of 10 years prior to the date of occurrence or the time of onset of the illness and until the time when Danica Pension has considered my case.

If the information for that period so warrants, Danica Pension may, providing a specific reason, also collect information relating to the time before that period.

### Withdrawal of consent

I can withdraw my consent at any time with effect for the future. The withdrawal may affect the ability of Danica Pension to consider my case.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

CPR-no.