

# Consent Form for Registration in PIDcare

For details please read the leaflet:

## **PIDcare – A National Quality Register and support in individual care for patients with primary immune deficiency and / or increased susceptibility to infections**

### **Your Rights**

- Your participation in the registry is voluntary and does not affect the care you receive
- You are entitled at any time to have your data removed from the registry
- You are entitled to receive information about your own personal data in the registry, as well as who has accessed your data and when they did so
- If your data is used in contravention of the Swedish Data Protection Act, you have the right to claim for damages
- You may request correction of your data if it is used in contravention of the Swedish Data Protection Act, or if your data is incorrect
- Once a year you have, free of charge, the right to know what information has been recorded about you (a register transcript)

If you would like a register transcript, information about access or if you would like your data to be removed please send a written application to the controller of personal data:

Centralt personuppgiftsansvarig  
Landstingsstyrelsen  
Landstinget i Jönköpings län  
Box 1024  
551 11 Jönköping

### **Consent**

I have received information about PIDcare and agree that my information will be recorded for:

- Developing and ensuring health care quality, for statistics, for research in health care
- Planning, monitoring and evaluation of my individual care.

Please visit [www.pidcare.se](http://www.pidcare.se) for detailed information about the information that is recorded in PIDcare.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Personal identity number/reserve number: \_\_\_\_\_

The consent form can be submitted/sent to your health care provider and will be stored in your medical record.