

Application for compensation

To be completed by the deceased patient's relatives or representative

In order of us to handle the case, we need a probate certificate. Please send us a copy along with this application.

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

First name(s):	Surname:
Civil Reg. No. (CPR):	Date of death:

2. Applicant's information

First name(s):	Surname:	
Address:	Postal code:	Town:
Relation to deceased:	Phone number:	E-mail address:

3. Injury

What type of injury happened to the patient?
Describe the injury and the consequence with your own words.

When did the injury occur?
Please note the date (day-month-year).

When were the patient or yourself aware that it was an injury?
Please note the date (day-month-year) or period.

Name: _____

Where in the health service did the injury occur?

For example, hospital, general practitioner or specialist. Please note name and address.

4. Treatment**Was the patient examined or treated for the injury?** Yes No

If yes:

Where was the patient treated?

For example, hospital, general practitioner or specialist. Please note name and address.

When was the patient treated?

Please note the date (day-month-year) or period.

5. Economy**What was the patient's employment, when the injury occurred?** Employee Self-employed Student Retired Other _____**Did the patient take sick leave due to the injury?** Yes No**Did the patient suffer a loss in income due to the injury?** Yes No

If yes:

What was the patient's loss in income in total? Less than 8.000 DKK More than 8.000 DKK

Name: _____

Did the patient have other expenses as a result of the injury?

For example, expenses to medicine, rehabilitation or transport.

 Yes No

If yes:

What was the patient's expenses? Less than 8.000 DKK More than 8.000 DKK**6. Original illness**

Which kind of illness or injury was the patient originally being treated for?

7. General practitioner**General practitioners name and address**

We may need information from the patient's general practitioner. Please note name and address.

8. Power of attorney

If you want another person (family member, friend or attorney) to conduct the case instead of you, please fill out the form below. All letters will be sent to this person.

First name(s):	Surname:	Relation to you	Company name:
Address:	Postal code:	Town:	
Phone number:	Mobil number:	E-mail address:	

9. Signature

I confirm that the information I have given is correct. I have read appendix 1 about consent and authorize, that The Patient Compensation Association can obtain and pass on information as mentioned in appendix 1.

Date and signature _____

Name: _____

Appendix 1 - Consent

I authorize:

- The Patient Compensation Association can obtain any information they might need from hospitals, doctors, public authorities including medical officers of health, the police and insurance companies that may be needed to elucidate the case (including casebooks and so on). Read more on the matter in section 17 (1) of cases the Danish Act on the Right to Complain and Receive Compensation within the Health Service.
- The Patient Compensation Association can pass on such information to the involved authorities: The hospital and its insurance company, general practitioners or other parties with a legal interest. Information from the case may also be used in research.

Privacy Policy

The Patient Compensation Association respects the right to your 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 Patient Compensation Association processes and protects your personal data, and which rights you as a data subject have in this regard.

Data controller

The Patient Compensation Association is responsible for the processing of the personal data we have received about you.

Our contact details are:

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

Types of personal data

The Patient Compensation Association processes personal data in connection with the performance of the tasks we are to perform.

We process general personal data, but also confidential information, e.g. civil reg. no (CPR). In addition, we process sensitive personal data such as health data.

The purpose of processing your personal data

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

- So we can assess whether you are entitled to compensation for personal injury in accordance with the Danish Act on the Right to Complain and Receive Compensation.
- For us to be able to issue an advisory opinion on permanent disability and loss of earning capacity in cases pending in the Board of Compensation.
- So you have access to our Netservice to follow your case,
- So you can receive our newsletter,
- For us to respond to your enquiry to us
- or 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 Patient Compensation Association, 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

Name: _____

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.

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 Patient Compensation Association'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 Patient Compensation Association's lawful processing of your personal data.

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

If you have applied for compensation for 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 Patient Compensation Association's Grid Service by logging in with your Nem-ID 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 Patient Compensation Association's data protection officer, Peter Jakobsen, as follows:

- By e-mail: dpo@patienterstatningen.dk
- By phone: +45 33 12 43 43

Information on 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 Patient Compensation Association processes your personal data. You can find the contact details of the Danish Data Protection Agency at www.datatilsynet.dk