

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, specialist or dentist. 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, specialist or dentist. 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, trainee or apprentice Retired Unemployed
 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 Unsure

If yes:

What was the patient's loss in income in total?

Write an approximate amount.

Name: _____

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

For example, expenses to medicine, rehabilitation or transport.

 Yes No Unsure

If yes:

What was the patient's expenses?

Write an approximate amount.

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: | CVR-nr/CPR-nr: |
| Phone 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 Danish Patient Compensation can obtain and pass on information as mentioned in appendix 1.

Date and signature _____

Name: _____

Appendix 1 - Consent

I give my consent to,

- The Danish Patient Compensation can obtain information, e.g. health information and other personal information, which the Danish Patient Compensation deems to be of importance for the handling of the compensation case, from hospitals, doctors, dentists, and other healthcare workers, institutions, municipalities, regions, SKAT, Danish Health Authority, Labour Market Insurance, insurance companies, etc. in accordance with the Danish Act on the Right to Complain and Receive Compensation within the Health Service section 37 (1). My consent means that healthcare professionals, treatment centers, authorities etc. can find information for the case by searching in medical record systems and look up information about medicine if deemed relevant to assess the compensation case.
- The Danish Patient Compensation can pass on health information, personal information, including information given in the application, to the involved authorities: regions, insurance companies, hospitals, doctors, dentists, and other health professionals. The Danish Patient Compensation can also pass on information to public authorities, insurance companies and others to the extent necessary for the processing of the compensation case.

General information about the Danish Patient Compensation's privacy policy

The Danish Patient Compensation respects your right to 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 Danish Patient Compensation processes and protects your personal data, and which rights you have in this regard.

Data controller

The Danish Patient Compensation is responsible for the processing of the personal data we have received about you. Our contact details are:

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

The purpose of processing your personal data

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

- To assess whether you are entitled to compensation for an injury in accordance with the Danish Act on the Right to Complain and Receive Compensation.
- So, you have access to our digital system Netservice to follow your case.
- For us to respond to your enquiry to us.
- 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 Danish Patient Compensation 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

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.

Name: _____

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

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

If you have applied for compensation for an 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 Danish Patient Compensation's digital system Netservice by logging in with MitID 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 Danish Patient Compensation's data protection officer, Peter Jakobsen, as follows:

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

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