

Children's Mental Health Centre

Declaration of consent



Regarding: _____
Name of child/adolescent and social security number (kennitala)

With their signature the parent/guardian or adolescent hereby gives consent for a referral to the Children's Mental Health Centre (Geðheilsumiðstöð barna) along with the request for therapeutic and/or diagnostic services.

With the signature, consent is also provided for the Children's Mental Health Centre to collect any relevant information regarding the child/adolescent from the school, healthcare centre and other specialists as needed for the purpose of providing the requested services according to the referral.

Adolescents have full autonomy regarding their healthcare from the age of 16. The signature of a parent/guardian is therefore not a requirement for adolescents aged 16-18 to receive services at the Children's Mental Health Centre.

The processing of personal information is carried out in accordance with law no. 90/2018 regarding personal data protection and the processing of personal information, medical records law no. 55/2009 and all regulations formed on those precedents. For more information regarding personal data and patients' rights within the Primary health care of the capital area (Heilsugæsla höfuðborgarsvæðisins - HH) see the personal data protection policy on the HH website: heilsugaeslan.is/personuvernd/

Employees of Children's Mental Health Centre are bound by confidentiality according to paragraph 12 of law no. 74/1997 regarding patients' rights and paragraph 17 of law no. 43/2012. The confidentiality requirement is binding beyond the end of employment.

Signature of adolescent aged 16-18

Signature of parent/guardian

Certified by:

Date

Signature of referring professional

Please send the signed consent form as well as the completed referral form securely through Signet Transfer, link found on the Children's Mental Health Centre's (Geðheilsumiðstöð barna) webpage.

Should such transfer not be possible please send the signed consent form through certified mail to the following address: Geðheilsumiðstöð barna – Inntökuteymi, Pönglabakka 1, 109 Reykjavík.