



## Electronic Health Records Proxy Access Form

### ATTENTION

Please note that to request EHR services in assisted mode for minor children, the parent must have granted the necessary consent to the EHR.

In lieu of a verified signature, a copy of a valid identity document is attached.

I, the undersigned, *Il/La sottoscritto/a* \_\_\_\_\_  
*(Write the parent's first and last name)*

Born on     in \_\_\_\_\_

Italian Tax Code

Aware that anyone giving false statements is liable to punishment under the Italian Criminal Code and relevant Special Laws (Art. 76 of Presidential Decree No. 445/2000) and in my capacity as a parent whose parental authority is not subject to any restrictions.

### HEREBY DECLARES THAT DICHIARA

The minor children for whom he/she is requesting access to Online Health Services are:

1) \_\_\_\_\_  
*(Last name First name)*

Born on     in \_\_\_\_\_

Italian Tax Code

2) \_\_\_\_\_  
*(Last name First name)*

Born on     in \_\_\_\_\_

Italian Tax Code

3) \_\_\_\_\_  
*(Last name First name)*

Born on     in \_\_\_\_\_

Italian Tax Code

I consent to all professionals who will be treating the above-mentioned minor children having access to their EHR  
Accenso alla consultazione del FSE a tutti i professionisti che prenderanno in cura i figli minorenni sopra indicati  
 I CONSENT ACCONSENTO  I DO NOT CONSENTNON ACCONSENTO

I consent to the transmission of medical reports via the EHR for the above-mentioned minor children  
Accenso alla consegna dei referti tramite FSE per i figli minorenni sopra indicati  
 I CONSENT ACCONSENTO  I DO NOT CONSENTNON ACCONSENTO

Parent's signature  
Firma del genitore

Date *Data*

#### Personal data processing notice (Art. 12 of the GDPR 2016/679)

The healthcare authority receiving this request, in its capacity as the controller of personal data, hereby informs you that the data provided will be used exclusively for the purpose of granting the parent proxy access to the Electronic Health Record (EHR), to online services, and to other mobile applications (apps) implemented and made available by the Emilia-Romagna Region and the Region's healthcare authorities, regarding the minor children. The processing may be carried out using paper-based media as well as electronic tools. The data will not be disclosed or shared with any third parties under any circumstances. The rights set forth in Article 15 of the GDPR 2016/679 (access, correction, erasure, rectification, etc.) may be exercised by contacting the healthcare provider (AUSL) that received the request.

To view the full text of the privacy policy: <https://support.fascicolo-sanitario.it/guida/informazioni-utili/la-tua-privacy-e-i-consensi>  
For more information, call the toll-free number 800 033 033 or visit <https://support.fascicolo-sanitario.it>