



## Declaratie/ Declaration

Subsemnatul,..... sunt de acord cu urmatoarele:

***I,..... accept that:***

APRIL sa ceara informatii medicale de la medicii curanti referitoare la orice patologii, inclusiv boli psihiatrice, de dependenta de agenti chimici sau/ si in legatura cu SIDA

***APRIL ask to the treating doctors for any medical information concerning any pathologies, including mental/ psychiatric health and / or chemical dependency and /or AIDS related***

Autorizez orice medic curant sa furnizeze aceste informatii catre APRIL si ii exonerez de secretul profesional referitor la aceste informatii

***I authorize any treating doctor to release such information to APRIL and I delivered the treating doctors from the professional secrecy.***

Autorizez APRIL sa transmita aceste informatii societatii de asigurare si persoanelor autorizate sa se ocupe de acest caz.

***I further authorize APRIL to release such information to the underwriter / insurer and to the officers, professionals or persons on duty for the management care***

Autorizez APRIL sa ceara si sa obtina in numele meu si autorizez acest spital sa elibereze fisa medicala din perioada internarii mele in spital

***I authorize APRIL to ask and obtain for me and I authorize this health care facility, to release my medical records for control purposes.***

De acord,

***Read and approved***

Data si locul,

***Date and place***

Prezenta declaratie are valoare de autorizatie si exonerare de responsabilitate in fata legii.

***The present declaration is valid as authorization and liability delivery in relation to the law.***

De acord,

***Read and approved***

Data si locul,

***Date and place***