

Consent declaration – Travelcare alarm centre

This consent declaration is given in connection with your case with SOS International (“SOS”). SOS cooperates with your insurance company. When SOS is requested to assist in your case, SOS needs to collect and process information about you.

This consent declaration authorises SOS to process information about you, including collecting and disclosing information about you with the purpose of assisting you during your travels abroad and afterwards in connection with damages which you have reported under your travel insurance agreement.

The undersigned
First name and surname
National identification number
Guardian
First name and surname
Contact information
I authorise the correspondence in my case to be handled by (if relevant)
First name and surname
Contact information
Relation to the patient
Consent
<p>I consent to SOS:</p> <ul style="list-style-type: none"> Collecting, disclosing and storing information about me concerning health and national identification number, when relevant for my case, including for the purpose of ensuring relevant medical treatment, as well as handling financial and administrative matters connected to my case. When SOS delivers medical assistance services, it will be necessary to process national identification number when communicating with health authorities etc. to ensure unambiguous identification. Collecting, disclosing and storing information about me concerning trade union membership with the purpose of assessing insurance coverage, if my travel insurance agreement is entered with my trade union. Collecting relevant health information about me from my general practitioner, hospitals, other health personnel and SOS cooperation partners, necessary to ensure relevant medical treatment or, on behalf of my insurance company, with the purpose of assessing insurance coverage in my case. Collecting, disclosing and storing other sensitive information about me, e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, sex life or sexual orientation in extraordinary cases, when this is necessary in order to handle my case. May transfer information about me to treatment facilities, travel agencies, SOS' cooperation partners and similar parties outside the EU/EEA, if it's necessary for handling my case, including delivering treatment and assistance to me directly in those countries where I stay, pass through or am being evacuated to. I accept that these countries may have different data protection rule than

those of the EU/EEA and that I am not guaranteed the same level of data protection as in the EU/EEA.

- May collect and disclose information about me to my insurance company, other insurance companies, national/international health services, airline companies and/or travel agencies in connection with tasks SOS performs on behalf of my insurance company, e.g. recourse and double insurance.

I consent to SOS International cooperation partners/sub-contractors:

- May collect, store and disclose information about me from and/or to treatment facilities and/or SOS in the form of health information and other relevant information for the purpose of ensuring relevant medical treatment, as well as handling financial and administrative matters connected to my case.

Power of attorney:

- I hereby authorise Tine Poulsen (employee at SOS) to apply for a temporary European Health Insurance Card (EHIC) on my behalf, if relevant for my case.
- If SOS pays full compensation for my claim on behalf of my insurance company, I hereby transfer any claim against national/foreign health authorities, airline companies and/or travel agencies to SOS to apply for reimbursement of expenses on behalf my insurance company

For more information about SOS' processing of personal data, including information about transfer of personal data to countries outside the EU/EEA, read here: www.sos.eu/privacynotice/travel

You have the right to withdraw this consent and/or the power of attorney. If you choose to do so, this will affect only our ability to process your information going forward. If you wish to withdraw the consent and/or the power of attorney, please contact SOS.

In case you do not wish to consent or you withdraw your consent to processing of information about you, this will affect our ability to handle your case.

The consent/power of attorney expires automatically, when the handling of your case is completed, or not later than 12 months after the consent has been given.

Date / 20

Signature

SOS is the controller for the processing of personal data covered by this consent declaration. Further, SOS cooperation partner/sub-contractor may be controller of the processing as indicated above. Your insurance company will be the controller for the processing of personal data performed by SOS on behalf of your insurance company related to claims handling under your insurance, including assessment of insurance coverage.

If you are uncertain about the identity of your insurance company in the specific case, please contact SOS.

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