

## Trisam – early rehabilitation in collaboration Collaboration and information exchange

Trisam is a collaboration between Region Gävleborg (primary care and psychiatry), the Swedish Social Insurance Agency, Arbetsförmedlingen (the Swedish public Employment Service) and the municipality. Collaboration in Trisam team exists in all municipalities in the county of Gävleborg. In the Trisam team, case officers from Arbetsförmedlingen (the Swedish Public Employment Service), the Swedish Social Insurance Agency, and the municipality are included. From Region Gävleborg, a rehabilitation coordinator and, if needed, relevant healthcare personnel are included. We work to provide you with better and more coordinated support in your rehabilitation.

*The Social Insurance Agency obtains verbal consent during the meeting.*

In order for us to be able to assist you properly we need shared information about you and your situation. Therefore, a written consent from you is needed for us to share necessary personal data between us. Such personal data is otherwise protected by confidentiality.

### **Necessary personal data includes, for example**

- health status
- working conditions
- previous rehabilitation measures
- social and economic conditions
- previous investigations
- expert opinions, for example medical opinions.
- other information that may have relevance to your rehabilitation

You'll find the consent form on the next page. The consent is valid from the day you sign the form and for the duration of your rehabilitation coordination. The consent that you sign from the date is valid for up to one year.

**You can at any time revoke your consent.** It can be done by contacting your case officer at the relevant authority or your contact at your healthcare center/clinic.



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## Consent to collaboration and exchange of information within Trisam

Name	National registration number
Postal address	Postal code and city
Daytime phone number	Mobile

### Consent

I consent to the relevant personnel at the healthcare center or clinic where I have my healthcare contact, Arbetsförmedlingen (the Swedish public employment service), care officer within my municipality's operations and the Swedish Social Insurance Agency to interaction regarding my needs.

*The Social Insurance Agency obtains verbal consent during the meeting.*

I acknowledge that representatives for these activities may exchange the personal data about me that is necessary, may access documents and medical records notwithstanding confidentiality, in order to effectively support my rehabilitation process through Trisam.

I consent also to the following activity or person may collaborate in order to provide me with better and more coordinated support in my rehabilitation. Please state below, for example, employer and their name. The consent for the following activity or person is valid only until Trisam is completed.

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I am fully apprised that I can withdraw my consent at any time. This implies that if I choose to revoke my consent, no further information about my person will be exchanged between the parties specified in the consent form. Personal data which has already been collected may, however, be processed, but not supplemented or updated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name clarification



**Protected identity/protected personal data**

People with protected identity or protected personal data should not be covered by the collaborative effort within Trisam. You should therefore not sign the consent form if you have a protected identity or protected personal data.

**Questions?**

If you have questions or concerns, you are welcome to contact your case officer at the relevant authority or your contact at your healthcare center/clinic.

**For information on how we process your personal data at Trisam and coordinate your rehabilitation, please see information on each partner's website.**