

Release from confidentiality

The undersigned, the legal guardians of

....., born on and resident of

.....,

as well as the patient him-/herself,

hereby release

.....

.....

(One confidentiality release form must be completed per person/institution)

from the medical/professional duty of confidentiality towards the University Psychiatric Services Bern (UPD) AG, University Clinic for Child and Adolescent Psychiatry and Psychotherapy and vice versa.

For parents with joint parental responsibility: With my signature, I confirm that I am acting in consultation and agreement in the best interests of the child.

The UPD points out that in the case of separated parents with joint parental custody, the undersigned parent is obliged to inform the other parent of this agreement without delay.

I/we give my/our permission to make contact / view medical history / view expert reports. With my signature, I confirm that I have been informed of the possibility to revoke the release from the duty of confidentiality in writing at any time.

Place and date

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Signature of the patient

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Place and date

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Signature of parent / guardian

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Place and date

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Signature of parent / guardian

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