REFUON
שירותי מידע ואיתור תיעוד רפואי

For:
"Refuon" – company of information services and locating medical information
Representative or extension (following: applicant) and as require by law

Subject: Waive medical secrecy

I the undersigned acknowledged my own that by this I give to any medical employee and/or medical institute and/or any employee of the national insurance institute and/or any employee in the social and/or nursing field and /or prison and/or IDF and/or ministry of defense and/or ministry of education and/or psychological service and/or ministry of health to give to the applicants all detail and documents with no exception that refer to my health and/or social and/or nursing and/or rehabilitative condition and/or my achievements at school and/or about any disease that I had in the past or still suffer from, likewise I give permission to any of the insurance company's to give material and/or information refers to insurances and claims of any kind and/or previous or latter accidents that I had including the status of the claim, amount of payment and his specific time.

I exempt by this you and/or any of your doctors and/or any employee of your employees and/or any of your institutes including general and/or psychiatric and/or rehabilitative hospitals and any branch of your institutes and/or any department of the ministry of education and/or the psychological service and/or the ministry of health from the obligation to keep secrecy in every thing that concern to my health and/or rehabilitee and/or social and/or nursing condition and/or my achievements at school and allow you by this to give any information from any file opened on my name in the national insurance institute including information or document about the payments that the national insurance institute paid me. I'm waiving about this secrecy toward the applicants, and I will not have any complaint or claim of any kind to you about giving the information mentioned above. This waive includes also the lists about the doctors whom I visit that are found in the information reserve of all the institutes mentioned above.

Name (personal + family):_____ Family Doctor:_____

I.D number: _____ Doctor:_____

Address: _____

Identity Number:_____

HMO:_____

Branch:_____

Signature:_____

Hanaml 36 st` p.o.b. 33571 Haifa , Israel ,
Tel :972-4-8664011 Fax : 972-48664022
E.mail: izik@refuon.co.il