



Trisam – early rehabilitation through collaboration Collaboration and information exchange

Trisam is a collaboration between Region Gävleborg (primary care and psychiatry), the Swedish Social Insurance Agency (Försäkringskassan), the Swedish Public Employment Service (Arbetsförmedlingen) and the municipality. Collaborative Trisam teams can be found in every local municipality throughout the county of Gävleborg. Each Trisam team is made up of healthcare professionals and administrators from Region Gävleborg, the Swedish Public Employment Service, the Swedish Public Insurance Agency and the local municipality. The aim of our work is to provide you with the best possible support throughout the rehabilitation process.

We need your consent to share information

So that we can help you in the best possible way, we need to share information about you and your personal circumstances. Such details are protected by confidentiality and we need your written consent before any information can be shared.

Personal information that may be shared include your

- state of health
- details of employment
- previous rehabilitation care
- social and financial circumstances
- previous investigations
- expert opinions such as medical reports
- other information that may be of relevance to your rehabilitation

You find the consent form on the next page. The consent you give will start to apply on the day you sign the form and continue throughout the sick-leave period or for as long as Trisam rehabilitation and collaborative efforts are required up to a maximum period of three years.

You may withdraw your consent at any time. All you need to do is to contact your caseworker at the relevant authority or healthcare contact at your local healthcare centre or clinic.



Trisam Collaboration and Information Sharing Consent Form

Name	Personal identity number
Postal address	Place and postcode
Daytime telephone	Mobile

Consent

I hereby give my consent for the relevant staff at the healthcare centre or clinic where I am registered and caseworkers at the Swedish Public Insurance Agency, the Swedish Public Employment Service and within the organisation of the local municipality to enter into collaboration with regards to my personal situation and needs. I further consent to representatives of the aforesaid agencies and organisations to share and exchange the information, documents, journals and records needed, whether or not confidential, in order to effectively support my rehabilitation process through Trisam.

I also consent to employees of Gävleborg Collaborative Partnership (Samordningsförbund Gävleborg) contacting me for a follow-up up to three years after I have signed this Consent Form.

I am aware that I can withdraw my consent at any time in which case, no further information about me may be shared or processed. Information that has already been collected may still be processed but not supplemented or updated.

Signature

Date

Clarification of signature

Protected identity/personal information

People with a protected identity or protected personal information cannot be included in the collaborative work of Trisam. Please, therefore, do not sign the Consent Form if your identity or personal information is protected.

Questions?

If you have any questions or concerns, please do not hesitate to contact your caseworker at the relevant authority or your healthcare contact at the healthcare centre or clinic where you are registered.