# PROCEDURE FOR SENDING

I THE UNDERSIGNED

(To be completed by the establishment)
Affix the label

In case of minors please write name and surname of parents or who is holding parental rights on the minor

In case of non compos mentis please write name and surname of legal representative

_____
(please attach certifying documents of tutor or legal representative)

## ADVISE OF READY REPORTS

I authorize saniRad to send to my email address hereby written the advise of ready report.

*Please write hereby the email address in IN CLEAR BLOCK LETTERS.*

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Date _____Signature _____

## 1) STANDARD MAIL

I authorize saniRad to send the only report/certification of the exam done today by standard mail (priority mail) to the written address mail (if different from the one above mentioned), aware that the responsibility is of Poste Italiane.

The undersigned, under the Legislative Decree 196/03, which regulate the personal data treatment, consciously declares to accept that the sending of the clinical reports will take place according to the confidentiality requirements granted by the Postal Code, which provides the delivery to a person different even from the addressee present at the address (e.g.: familiar, unmarried partner, caretaker of the building).

ADDRESS_____n._____

MUNICIPALITY_____CAP _____

Date _____signature for sending disclosure _____

## 2) POSTING OF REPORT ON PORTAL *REFERTI ON-LINE* ON SANIRAD WEBSITE

I authorize saniRad to post the report/certification of the today exam on the portal referti on-line available the website www.sanirad.it.

The download of the report will be done with the access credentials written on the ROL document attached to the present document.

I authorize saniRad to send to my email address hereby written the advise of ready report

*Please write hereby the email address in IN CLEAR BLOCK LETTERS.*

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

1) the disclosure I agreed to is valid only for the today exam and must be confirmed again for the following

exams.

2) **if the downloaded report is digitally signed <u>I will not receive by standard mail any type of document</u>**. The digitally signed report is a completely valid document.
3) **if the report that I will download from the portal will be nominated "informatic document without any medical-legal value", I <u>will receive at home by standard mail (at the given address) the original report signed by the clinic.</u>** In this case the service do not substitute the paper report, but it is only a preview of the original one.
4) It is important that I attach the report to the iconography (on CD) in order to show it if required in the future.

Date _____Signature for agreement of publication on the portal _____

## 3) ACCESS TO REPORT FROM A THIRD PARTY

I authorize saniRad to send/deliver the report/certification/iconography of the today exam to:

a) Treating physician / Prescribing physician _____
b) Sports association (delegated) _____
c) Insurance companies (delegated) _____
d) Employer _____
e) Other _____

The only report/certification of the today exam <u>will be sent by e-mail to the here below mentioned address</u> or to the address that the third party will keep available to saniRad aware that:

1) The expressed consensus is valid only for the today exam and must be reconfirmed for the following exams.
2) <u>The report must be sent to the below mentioned e-mail account without any kind of encryption in Acrobat pdf file protected by a unique password</u> that I will receive when I will sign the consensus and that I will report to my treating physician.
3) **The sending of the envelope to the third party does not substitute my formal address.**

Please write here below the e-mail address of the treating physician IN CAPITAL LETTERS

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Date _____Signature for the consensus to send/collect _____