THE STATE OF ISRAEL – MINISTRY OF HEALTH GALILEE MEDICAL CENTER

Department: International Date:	national Medical Service	S	
To: The Galilee Medica <u>Nahariya</u>	al Center		
Dear Madam / Sir			
F	≀e: Waive <u>r c</u>	of Medical (<u>Confidentiality</u>
			nd/or its employees and/or to all that work on their
_		D:	
	•	· · · · · · · · · · · · · · · · · · ·	llness that I have suffered from in the past, and/or
	•		chiatric or other emotional treatments that I have
,	•		es Rendered to me at Galilee Medical Center and our employees and/or anyone who works on your
-			medical confidentiality, all in regard to my medical
			confidentiality vis-a-vis the applicant, and there will
· ·			ne above, including a claim by virtue of the Privacy
	•		edical confidentiality and/or any other law.
Patient's / legal gu	uardian's detail (erase	the irrelevant):	
			_
Family name	First name	ld. no.	
Date		Signature	-
		_ 	_
Family name	First name	ld. no.	
 Date		Signature	-
Date		Signature	
This waiver will be	valid until (date):		
Details of the witn	ness to the signature (lawyer, physician, soc	ial worker, nurse, psychologist, authorized
bank signatory, in	surance agent):	•	
	First years		_
Family name	First name	ld. no.	
Address:		License r	number:
Stamp	_	 Stamp	
		,	
	material released: ure of the receiver:		eived / material sent:
Mairie and Signati	THE OF THE FECTIVET	Date 100	eiveu / Iliateriai serit.

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