

Informed Consent

This is an informed consent to authorize vocational rehabilitation counsellors and specialists on behalf of VIRK - Vocational Rehabilitation Fund access to information acquired in the interest of vocational rehabilitation and the processing of such information.

1. An individual receives counselling from a vocational rehabilitation counsellor subsequent to reduced ability to work. Counsellors work at the Labour Unions but on behalf of VIRK - Vocational Rehabilitation Fund (hereafter referred to as VIRK). Counsellors work closely with specialists who work for or on behalf of VIRK. This collaboration is regulated by contracts, specific work processes from VIRK.
2. In order for the counsellors and specialists working on behalf of VIRK to be able to provide the individual with the support needed it is necessary for them to obtain the relevant information about the person and the reason for the reduced ability to work. The relevant documents/information could for example be:
 - a. Questionnaires completed by the individual and various data prepared in collaboration by the counsellors and specialists working on behalf of VIRK. Examples of such data are: information registered on the relevant forms, various data collected in regards to evaluation of work ability, vocational rehabilitation plan, assessment of accomplishment, information on the person's adherence to the programme and a work ability assessment.
 - b. Information/data from physicians and other health care professionals, those involved in rehabilitation and other specialists, such as physicians certificates, reports, results of various assessments and tests and invoices relating to the vocational rehabilitation of the individual.
 - c. Information/data from various health care institutions and rehabilitation institutions, educational institutions and educational providers, the Social Insurance Administration (Tryggingastofnun ríkisins), the Directorate of Labour (Vinnumálastofnun), pension funds, Social Services or others that are involved in providing vocational rehabilitation services, as well as various documents from the Union Sickness Fund which relate to the vocational rehabilitation process.
3. Specialists who can be called on by VIRK in relation to vocational rehabilitation include for example physicians, psychologists, occupational therapists, physiotherapists, educational and vocational counsellors or social workers, as well as various specialists who work for specialized educational and vocational rehabilitation parties.
4. The individual's counsellor and specialists involved in his or her case have access to information regarding the individual, whether electronic or on paper. Pension funds, the Social Insurance Administration, physicians specialists involved in treating the individual, the Directorate of Labour, Social Services as well as specialists involved in providing services to the person can obtain information regarding the person's vocational rehabilitation plan and vocational rehabilitation process, the service period, the individual's adherence to the programme and accomplishment, as well as results of an evaluation process.
5. The individual may, by submitting a written request, obtain the data recorded about him/her in VIRK's information system. The information is provided in the form of summaries and standardized reports that describe the vocational rehabilitation process as well as the individual participation in the vocational rehabilitation.

6. Information will be stored in the VIRK database. VIRK has implemented security measures regarding the processing of personal data in accordance with Act no. 77/2000, on the Protection of Privacy as regards the Processing of Personal Data, as amended, and Rules no. 299/2001, on Security of Personal Data.

I the undersigned, _____,

Icelandic Personal Identification Number _____, have familiarized myself with the content of this document (translated into English) and understand what it pertains to and hereby agree that VIRK has access to and may obtain and communicate the information described here above with the limitations herein stipulated.

Place and date: _____

Signature: _____