

Consent iMMO Assessment

This statement is given by the undersigned,

Surname :

Name :

Date of birth :

Declaration

The undersigned hereby grants iMMO permission to perform an independent forensic medical assessment.

I am entitled to

- An appropriate explanation of what the assessment will entail.
- Confidentiality with regard to all information provided by me or collected with regard to me.
- An objective assessment, performed in accordance with professional standards and as conscientious as may be expected from a good assessor.
- Requesting a different assessor than selected by iMMO to perform the assessment, for reasons that reasonably impair a fair and objective assessment, for a maximum of two instances.
- Presentation for reasons of factual correction of the draft report iMMO intends to send to the party requesting the assessment.
- A copy of the final report iMMO will send to the party requesting the assessment.
- A respectful conduct of all persons iMMO will use for performing my assessment.

I grant permission

- That iMMO will select an able and knowledgeable assessor or several assessors to perform the assessment.
- For iMMO to share the information that is collected by the assessors with colleagues within the organization of iMMO as far as is reasonably necessary for producing the final report and for quality assurance.
- For iMMO sending the report to the party requesting the assessment.

I have been able to consult

- The Regulation on the Complaints Procedure.

Stated,

City :

Date :

Signature :