

Consent iMMO Assessment

This statement is given by the undersigned,

<i>Surname</i>	
<i>Name</i>	
<i>Date of birth</i>	

** In case of being under 16 years old, your legal guardian must sign this form.*

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;
- request 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;
- review the draft report for reasons of factual correction;
- a copy of the final report iMMO which will be send to the party requesting the assessment;
- a respectful conduct by all persons iMMO involved in my assessment.

I grant permission to iMMO

- to select an able and knowledgeable assessor or several assessors to perform the assessment;
- to share the information that is collected with colleagues within the organisation for the purpose of producing the final report and quality assurance;
- to send the report to the party requesting the assessment.

I have been able to consult

- the complaints procedure and privacy regulations.

as declared,

City	
Date	

Signature :

Name parent/legal guardian:

Signature: