

**Request and/or Authorization Form for “Distance Second Opinion  
Consultation by  
Tutor or Legal Representative”**

**DATA OF THE PATIENT’S TUTOR OR LEGAL REPRESENTATIVE**

Mr./Mrs./Ms. \_\_\_\_\_ of legal age, residing  
in \_\_\_\_\_, Postal  
code \_\_\_\_\_ Town/locality \_\_\_\_\_,  
City/province \_\_\_\_\_, ID \_\_\_\_\_, of which a photocopy is  
provided<sup>1</sup>, by means of this document, in the name and on behalf of Mr./Mrs./Ms.  
\_\_\_\_\_, as accredited in the attached  
documentation (please refer to nº 2 on the footnote).

Requests and authorizes Clínica Universidad de Navarra to emit and subsequently submit to the  
address indicated in the request form, a second opinion evaluation based on the provided medical  
documentation/ information.

In \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

Signature of the tutor or legal representative: \_\_\_\_\_

**AUTHORIZATION OF THE TUTOR OR LEGAL REPRESENTATIVE TO A THIRD PARTY:**

Mr./Mrs./Ms. \_\_\_\_\_ of legal age, residing  
in \_\_\_\_\_, postal code \_\_\_\_\_  
Town/locality \_\_\_\_\_, City/province \_\_\_\_\_,  
ID \_\_\_\_\_, of which a photocopy is provided<sup>1</sup>,  
by means of this document, in the name and on behalf of  
Mr./Mrs./Ms. \_\_\_\_\_, as  
accredited in the attached documentation (please refer to nº 2 on the footnote).

Authorizes Mr./Mrs./Ms. \_\_\_\_\_, ID  
\_\_\_\_\_ (include photocopy)<sup>1</sup> to handle on my behalf a distance second  
opinion consultation.

Requests and authorizes Clínica Universidad de Navarra to emit and subsequently submit to the  
above-mentioned address a second opinion evaluation based on the provided medical  
documentation/ information.

Or in case he/she wishes so to the address of the authorized person (please indicate address):

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In \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

**Note:**

1. It is necessary to bring a **photocopy of ID** or equivalent identification document, which is considered valid in law, so that the responsible of the treatment can make the relevant checks.
2. In case of recurring to a **legal representative**, he or she must provide a photocopy of the **represented person's ID**, the **representative's ID** as well as the **accreditation document of the representation**:
  - 2.1) Disability: **photocopy of the court ruling of disability or medical certificate if the disability is not judicially declared, and accreditation documentation for representation of the disabled by the applicant.**
  - 2.2) Minor (under 16 years of age): **photocopy of family record book. In case of legal tutor, photocopy of the court ruling by which custody is granted.**
  - 2.3) In case of divorce or separation: **photocopy of court ruling that establishes the regime of parental authority.**
  - 2.4) Voluntary representation: **patient's authorization.**

\*In compliance with the legislation of data protection CLÍNICA UNIVERSIDAD DE NAVARRA (CUN) informs you that your personal data are processed with the purpose of elaborating a second opinion report that was requested by you. The legal basis for the data processing is the management of the legal relationship established between you and CUN. We inform you that we do not disclose your data to third parties and that we maintain the data within the applicable legal deadlines as long as the established legal relationship remains standing, provided that you exercise your suppression right.

You can exercise your rights of access, rectification, suppression, opposition and limitation of the data processing and portability through a written letter accompanied by a copy of your ID or equivalent to the following address: if you have established a relationship with CUN Pamplona: Avenida Pío XII, 36, 31008 Pamplona or to: [protecciondedatosnav@unav.es](mailto:protecciondedatosnav@unav.es); if you have established a relationship with CUN Madrid to: Calle Marquesado de Santa Marta, 1, 28027 Madrid or to: [protecciondedatosmad@unav.es](mailto:protecciondedatosmad@unav.es). You can also lodge a complaint to the Spanish Data Protection Agency (AEPD) ([www.aepd.es](http://www.aepd.es)) and contact our Data Protection Representative at [dpocun@unav.es](mailto:dpocun@unav.es). For more information on data processing that we carry out you can refer to our Privacy Policy.