

HOLIDAY DIALYSIS REQUEST FORM

Surname _____ Name _____

Place of Birth _____ Date of Birth _____

Resident in _____ Street _____

Postcode _____ Tel. No. _____ Mobile No. _____ E-mail _____

Ticket exemption codes _____

DETAILS OF PATIENT'S PRIMARY CARE CENTRE

Dialysis Start Date _____ Centre Name _____

Centre Tel. No. _____ Centre Fax _____ Centre E-mail _____

Referring Doctor _____

Doctor's E-mail _____

Requested Period: From _____ To _____

Requested Round: Odd Even Morning Afternoon

Address during Holiday _____ Tel. No, _____

Person to Contact during Holiday Period _____

Suitable for treatment in CAD Yes No

Doctor Signature and Stamp _____

DECLARATION OF INFORMED CONSENT TO SUBSTITUTORY HAEMODIALYSIS TREATMENT IN A DECENTRALISED ASSISTANCE CENTRE

I, the undersigned

declare to have been informed by

In a comprehensible manner, and agree to undergo dialysis sessions in the following
Decentralised Dialysis Assistance Centre:

I confirm that all of my questions have been answered in full

Date

Signature of patient, parent or legal representative

Doctor signature and stamp

DIALYSIS FORM / SCHEDA DIALITICA

Mr./Mrs./Miss /La Sig./ra _____ born in /nato/a a _____ on /il _____

suffers from Chronic Renal Insufficiency subsequent to /affetto/a da *Insufficienza Renale Cronica secondaria* a _____

, for which periodical haemodialysis treatment was carried out from /effettua trattamento emodialitico periodico dal _____

, at our centre from /presso il nostro Centro dal _____ with a frequency of /con frequenza _____ weekly, /settimanale,

for a total of /per complessive ore _____ hours a week. /settimanali.

Type of treatment: /Tipo di trattamento: _____ DIALYSIS ROUND: /TURNO DIALISI: _____

Composition of dialysis liquid:

Composizione del liquido di dialisi:

HCO₃ _____ mmol/L /mmoi/L Na⁺ _____ mmol/L /mmoi/L K⁺ _____ meq/L /mEq/L C⁺⁺ _____ mmol/L /mmoi/L

Blood flow: /Flusso ematico: _____ mi/min

Dialysis liquid flow: /Flusso liquido di dialisi: _____ ml/min

Filter: /Filtro: _____

Anticoagulation: /Anticoagulazione: None /Nessuna Sodium Heparin /Eparina sodica

- continuous: /continua: _____ IU/h
- intermittent: initially /intermittente: iniziale _____ IU
- after two hours /dopo 2 h _____ IU
- initially: /iniziale: _____ mi

LMWH /EBPM

Vascular Access: /Accesso vascolare: AV Fistula /FAVI right /dx left /sn double needle /doppio ago single needle /monoago Needle /Ago _____ G

Prosthetic AV Fistula /FAVI protesica right /dx left /sn double needle /doppio ago single needle /monoago Needle /Ago _____ G

CVC jugular /giugulare right /dx left /sn double lumen /doppio lume single lumen /monolume femoral /femorale right /dx left /sn double lumen /doppio lume single lumen /monolume

Weight Shape: /Peso Forma: _____ Kg Average increment during dialysis /Incremento medio interdialitico _____ g

PA pre-HD: _____ PA pre-HD: _____

DIALYSIS FORM / SCHEDA DIALITICA

Clinical problems during haemodialysis treatment:

Problemi clinici durante il trattamento emodialitico: _____

Medication administered during dialysis:

Terapia farmacologica somministrata in dialisi: _____

Medication taken at home:

Terapia farmacologica domiciliare: _____

Specific clinical problems:

Problemi clinici particolari: _____

Allergies and/or intolerances:

Allergie e /o intolleranze: _____

Date of most recent haematochemical exam

Ultimi esami emotochimici eseguiti il _____

Blood Group <i>Emogruppo</i>	Rh	G6PDH	HBsAg	HBsAb	HCVAb	HIV1-2Ab					
_____	_____	_____	_____	_____	_____	_____					
BUN	mg/dl	sCr	mg/dl	K ⁺	meq/L <i>mEq/L</i>	Na ⁺	meq/L. <i>mEq/L</i>	Ca	mg/dl	P	mg/dl
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Hb	g/dl	Hct	%	pH	Hco3	mmol/L <i>mmoi/L</i>	EB	mmol/L <i>mmoi/L</i>			
_____	_____	_____	_____	_____	_____	_____	_____	_____			

Quartu Sant'Elena, _____

Kind regards
Cordiali saluti

REQUIRED DOCUMENTS

1. A **certificate of clinical stability** during haemodialysis sessions.
2. A comprehensive **dialysis form** including all of the parameters of any dialysis treatment carried out at the patient's primary care centre, and of any therapy undertaken during dialysis and at home.
3. A comprehensive **clinical summary** of the patient's basic renal pathologies and of the main events that characterize the patient's medical history.
4. **A warning of any allergies and/or intolerances** to medication or dialysis protection measures (types of membrane, methods of sterilization, plasticizers, additives, etc.)
5. **A complete cardiological evaluation report**, including ECG and echocardiogram examinations carried out no more than six months previous to the scheduled arrival date.
6. **A report of any viral markers** for HBV, HCV, HIV, shown in an evaluation carried out no more than 3 months previous to the scheduled arrival date.
7. **Suitable anaemic correction**: a Hb value above 10gr/dl, shown in an examination carried out at least 2 weeks previous to the scheduled arrival date.
8. A **certificate of vascular access** that guarantees blood flow suitable for dialysis and does not present any signs of infection.
9. **A recent chest X-ray.**
10. **A photocopy of the patient's national health card (or European Health Card if the patient is a citizen of a member state of the European Union with the relevant exemption code for renal insufficiency).**
11. **A photocopy of an identification document.**
12. **Referrals** for the requested number of scheduled treatments, specifying the requested method and the relevant healthcare nomenclature code (023).

How can I obtain a referral? Non-Italian citizens may obtain referrals from the tourist medical care service (Guardia Turistica), or may register with a GP if in possession of the relevant exemption code.

How much does the treatment cost? (without exemption code) The cost of a ticket for 7 sessions + 1 dialysis treatment planning session is € 46.15 . The cost of any additional sessions is €46.15 (for each referral, which may comprise between 1 and 8 haemodialysis treatments over the course of one month)

DATA PRIVACY AGREEMENT

The undersigned _____ in his/her capacity as the patient, or as the
_____ of Mr./Mrs/Miss _____

Legible signature _____

Information regarding the processing of private and personal data, in accordance with art. 13 of Legislative Decree 196/0

Dear Sir/Madam, We wish to inform you that Legislative Decree no. 196, dated 30th June 2003 (Code for the Protection of Personal Data) oversees the safeguarding of people and other subjects with regard to the processing of their personal data. In accordance with the abovementioned law, all data processing must adhere to principles of correctness, lawfulness, transparency, and the protection of the subject's confidentiality and rights.

Pursuant to article 13 of Legislative Decree no. 196/2003, we therefore provide you with the following information:

1. Any private and personal data you provide us with will be processed, within the limits of the general Authorization Guarantee, for the purpose of diagnosis and care, in relation to the request for care presented by you.
2. Your personal data (personal details, clinical details or any other sensitive data that reveals that status of your health) will be processed according to the Care Centre's procedural rules, for the following purposes:
 - personal data (personal details, address and fiscal code) will be processed in compliance with the administrative information required by laws, regulations, regional directives and requirements of the ASL or similar associations;
 - clinical data, or other sensitive data, will be processed for diagnostic and treatment purposes, or for hospitalization, for healthcare purposes and for the safeguarding of your health and wellbeing.
3. Data concerning members of your family may also be processed for the purpose of recording medical history, or to verify compatibility for specific illnesses or health treatments (e.g. blood donation).
4. Where required by law, data may be rendered anonymous for use in statistical or scientific research.
5. The Care Centre utilizes the simplified method required by art. 77 comma 2 and art. 79 of Legislative Decree no. 196.
6. Data processing will be carried out by specified staff members, with or without the aid of automatic, computerized, electronic machinery. Data is processed using the most suitable methods to ensure data security, as stipulated by Legislative Decree no. 196/2003.
7. Recording and conservation of data may be undertaken using computerized or paper-based systems, with the support of specific instruments and procedures, aimed at minimizing the risk of accidental data loss or destruction, or unauthorized access, and of data processed without consent or for purposes other than those stipulated above.
8. The provision of data, where not required by law, is not obligatory. However, refusal to provide data considered fundamental by the Centre (personal data, address, fiscal code, medical history) may render it impossible for us to provide you with assistance, or may deny access to some services and benefits (e.g. exemption from charges on the basis of income or pathology).
9. Subject to explicit consent (always optional), required by Art. 130 of Legislative Decree no. 196 dated 30th June 2003, your personal data (with the exemption of sensitive data) may be used for promotional, commercial, marketing and market research purposes via e-mail, SMS, MMS, post or telephone contact from operators. The individual's right to object to the processing of his or her data for "direct marketing" purposes, through automatic methods of contact, is additional to the traditional methods; in this case, the individual reserves the right to exercise this right in part, as stipulated by art. 7 comma 2 of the Code. The individual retains the possibility to consent to being contacted for the abovementioned purposes only via traditional communication methods, where possible.
10. Your data may be communicated to the following categories of subjects:
 - ASL and Regional businesses, which require interim reports on activity, and may carry out checks or inspections on the Centre's activity;
 - Healthcare authorities, which require such data by law;
 - Public authorities, for which access to such data is permitted by law;
 - External businesses that may provide healthcare consultations and services;
 - Insurance companies with which the Care Centre has accepted insurance policies regarding possible risks;
 - Assisting bodies, funding organizations or institutions, insurance companies etc. that, in accordance with their respective contracts, assume passive responsibility for liabilities relating to the services provided.
11. Information concerning your health will be communicated to you directly by doctors from this structure, by your family GP, or by another person indicated by you in writing.
12. Clinical reports or documentation will be delivered in sealed envelopes by specified employees of this Care Centre. Such documents will be delivered directly to you or to a family member or relative where you have granted permission for this to take place in writing.
13. The data handler is the organization *KINETIKA SARDEGNA S.r.l.*
14. The currently appointed data processing controller is the administrator *Dr. Giliola Avisani*.
15. You may exercise your rights with regard to the data processing controller, pursuant to article 7 of Legislative Decree 196/2003 (which is displayed in full below), at any moment by writing to KINETIKA SARDEGNA S.r.l., Direzione Amministrativa, Viale Marconi 160 – 09045 Quartu Sant'Elena. You may also send an e-mail to the following e-mail address: privacy@kinetikasardegna.it.

Legislative Decree no. 196/2003 Art 7 – Right of Access to personal data and other rights

Article 7 of Legislative Decree 196/03 grants the individual concerned a number of specific rights, which may be exercised by a delegated representative of the individual's choosing. In the event of the individual's death, such rights are granted to parties with a proprietary interest, or acting to safeguard the individual or for justifiable reasons of family protection.

1. The individual retains the right to obtain confirmation of the existence or otherwise of personal data concerning him or her, even if such data has not yet been registered, and its availability in intelligible form.
2. The individual retains the right to know: a) the source of personal data; b) the purposes and method of its processing; c) the logic applied in the event that data is processed with the aid of electronic instruments; d) the identification details of the data controller, supervisor and designated representative pursuant to article 5, comma 2; e) of the subjects or categories of subjects to which personal data may be communicated, or which may come to acquire knowledge in the capacity of designated representative of the State territory, supervisor or representative.
3. The individual retains the right to know: a) the updating, correction or, where they are interested, additions to the data; b) the cancellation, transformation into anonymous form, or blocking of data processed in violation of the law, including those that need not be retained for the purposes for which the data were collected or subsequently processed. c) certification that the parties to which the data have been transferred or disseminated have been notified of the operations specified in points a) and b), also regarding their content, except for the case where notification proves impossible or requires the use of means clearly disproportionate to the right being protected.
4. The individual retains the right to fully or partially contest: a) for legitimate reasons, the processing of personal information regarding him/her, even where it is pertinent to the purpose of its collection; b) the processing of personal data which pertains to him/her for the purpose of sending advertising materials or direct sales materials, for the completion of market research or for commercial communication.