To

Office of the Dean of Students
Technion – Israel Institute of Technology

Medical Confidentiality Waiver

I, the undersigned, hereby authorize any medical practitioner and/or physician and/or health maintenance organization (HMO) and/or its medical personnel and/or other medical employees and/or its medical institutions and/or branches and/or hospitals and/or anyone acting on their behalf, and/or any other medical institutions and/or medical institutes and/or hospitals, including general and/or private and/or psychiatric and/or rehabilitation hospitals, and/or any of their employees of any kind, and/or any branch of their institutions and/or anyone acting on their behalf, and/or the Ministry of Defense and/or the Israel Defense Forces authorities and/or the Police and/or the National Insurance Institute and/or any social welfare and/or nursing/care professional and/or any institution and/or other entity (hereinafter: the **"Institutions"**) to provide the Technion and/or anyone acting on its behalf with all information held by the "Institutions", in any manner requested by the Technion, concerning my medical and/or social and/or psychiatric and/or nursing/care and/or rehabilitation condition, and/or any illness from which I have suffered in the past or from which I currently suffer, without exception.

I hereby release all of the "Institutions" from their duty of confidentiality with regard to my medical and/or social and/or psychiatric and/or nursing/care and/or rehabilitation condition, and/or with regard to any illness from which I have suffered in the past and/or from which I currently suffer, without exception, and hereby permit the "Institutions" to provide the Technion with any information contained in any file opened in my name.

I hereby waive confidentiality with respect to the Technion, and I shall have no claim and/or demand of any kind against the "Institutions" in connection with the disclosure of the information as stated above in this waiver, including claims under the **Protection of Privacy Law** and/or the **Patient's Rights Law** with respect to medical confidentiality and/or under any other law.

This request is also valid pursuant to the **Protection of Privacy Law, 5741–1981**, and applies to other medical information contained in the databases of all the "Institutions."

In witness whereof, I have signed below.

Full Name: _____

Signature: _____

Date: _____

This waiver is valid until: _____
(at least two months from the date of submission of the application)