



Consent Form for the Collection and Transmission of Personal Data by the PMO to Belgian Healthcare Providers via the MyCareNet Platform

1. Purpose of Data Processing

The purpose of the collection and transmission of your personal data by the PMO to Belgian Healthcare providers via the MyCareNet platform (hereinafter referred to as “processing operation”) is to facilitate the assessment by Belgian healthcare providers of the insurance coverage status of JSIS beneficiaries and to allow such providers to transmit digital invoices and related documentation directly to the PMO for reimbursement purposes.

2. Categories of Personal Data Processed

The following personal data will be collected, encoded and transmitted via MyCareNet to the healthcare providers located in Belgium whom the beneficiary consults:

- Full name and surname,
- Date of birth,
- Belgian national registration number (NISS/BIS),
- JSIS insurance coverage status, including data covering 3 days prior to and 3 days following each relevant transmission date.

3. Limited access to Data

- The PMO will not have access to any medical records or clinical information beyond what is already included in medical invoices.
- The transmitted invoices will contain no more personal information than is currently submitted for reimbursement under standard JSIS procedures.
- Data will be retained by the PMO strictly for the duration necessary to fulfil the stated purpose, in accordance with the retention periods set forth in the “Specific Retention List for PMO Files”.

4. Role of MyCareNet

MyCareNet acts exclusively as a technical intermediary for the secure transmission of electronic invoices. It does not retain, access, or otherwise process any personal data.

5. Legal Basis

In accordance with Regulation (EU) 2018/1725¹ on the protection of personal data by Union institutions, bodies, offices, and agencies, explicit consent is required to process and transmit personal data to third parties established within the Union, excluding other Union institutions and bodies.

6. Declaration of Consent

By ticking the boxes² below, I explicitly consent to the following:

- ☐ The collection and when needed the encoding by authorised PMO personnel of my Belgian national registration number (NISS/BIS) in the JSIS IT system.
- ☐ The reuse of my identification data (name, surname, and date of birth) already available in the JSIS system for the purposes of this processing operation.
- ☐ The electronic transmission of medical invoices between Belgian healthcare providers and the PMO within the scope of this processing operation.
- ☐ I understand that I may withdraw my consent at any time without affecting the lawfulness of processing based on consent prior to its withdrawal.

7. Withdrawal of Consent and Data Subject Rights

Pursuant to Regulation (EU) 2018/1725, I am entitled to:

- Request access to my personal data,
- Request rectification of inaccurate data,
- Request erasure or restriction of data processing,
- Object to the processing of my personal data on grounds relating to my specific situation.

All requests will be duly assessed, and a formal response will be provided.

Consent may be withdrawn at any time by notifying the Data Controller:

- via email to PMO-RCAM-MYCARENET@ec.europa.eu or
- by post to : JSIS PMO3, 41 Avenue de Tervueren, 1040 Brussels.

Following the response to the withdrawal request, the NISS/BIS will be promptly deleted from the PMO JSIS system.

8. Contact information

- For **issues** regarding the protection of your personal data at the Commission, you may contact the Commission Data Protection Officer at:
DATA-PROTECTION-OFFICER@ec.europa.eu
- If you consider your rights under Regulation (EU) 2018/1725 were infringed, you may lodge a **complaint** with the European Data Protection Supervisor at:
EDPS@edps.europa.eu

¹ Regulation regarding the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data.

² All boxes must be ticked.

9. Acknowledgement

☐ I confirm that I have read and understood the information provided in this consent form, including the associated [privacy statement](#). I have received appropriate clarification on the questions I raised, if any.

Please write the mention “Read and approved” hereafter:

Surname, First Name: :

NISS or BIS Number:

Place and Date:

Signature:

Please upload this consent form duly filled in

on [MyPMO](#) → myHealth → personal data

OR on JSIS online → my data