The completed form is confidential and exempt from public disclosure:

Offl. § 13 jf. fvl. § 13 første ledd nr. 1, GDPR art. 6 og 9

Application for medical treatment abroad

[Pasient og brukerrettighetsloven](https://lovdata.no/lov/1999-07-02-63/§2-4a) § 2-4 a andre ledd bokstav a jf. [prioriteringsforskriften](https://lovdata.no/forskrift/2000-12-01-1208) § 3 jf. § 2.

**Completion:** The application can either be completed and sent digitally, or completed on paper and sent by paper mail.

**Guidance:** Information about the scheme and instructions for completing the application are attached to this document.

|  |  |
| --- | --- |
| 1 Personal Information | |
| 1.1 Last name, first name | 1.2 National identity number (NID, 11 digits) |
|  |  |
| 1.3 Postal address | 1.4 Postal code and city |
|  |  |
| 1.5 Privat e-mail address | 1.6 Private mobile phone |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 Parents or guardians, if the applicant is under 16 years of age | | | |
| 2.1 Mother/Guardian | 2.2 Private mobile | 2.3 Privat e-mail | 2.4 NID (11 digits) |
|  |  |  |  |
| 2.5 Father/Guardian | 2.6 Private mobile | 2.7 Private e-mail | 2.8 NID (11 digits) |
|  |  |  |  |
| 2.8 Other (e.g. address other than in Section 1) | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| 3 Medical information Information may be entered by the applicant and a doctor/healthcare professional jointly,   by the treating physician on behalf of the applicant, or by the applicant on his/her own. | | |
| 3.1 Diagnosis | | 3.2 Diagnostic code(s) (ICD-10) |
|  | |  |
| 3.3 The healthcare applied for (in Norwegian, and in English if applicable) | | 3.4 Surgical code(s) (NCSP) |
|  | |  |
| 3.5 Reasons for applying for healthcare abroad | | |
|  | | |
| 3.6 At which hospitals, in Norway or abroad, has the applicant been assessed or treated? | 3.7 Relevant hospital, clinic or practice abroad: Name and address Treating physician or contact person | |
|  |  | |
| 3.8 Who is responsible for the medical treatment of the applicant in Norway following the treatment abroad? | 3.9 Is a companion(s) required for medical or therapeutic reasons? State the reasons. | |
|  |  | |
| 3.10 Cost estimates for the treatment | 3.11 Number of days of stay (estimate) | |
|  |  | |
| 3.12 Special needs (travel, wheelchair, oxygen, tube feeding, or other aids) | 3.13 State whether the application has attachments and, if so, which ones, for example: Patient records, statements, decisions from Helfo. | |
|  |  | |
| 3.14 Other information relevant to the application | | |
|  | | |

|  |  |
| --- | --- |
| 4 Professional medical information Questions aimed at clinical health professional with knowledge of the applicant.  Completion of this section is not required when the applicant applies on his/her own. | |
| 4.1 Is the applicant considered to be entitled to "nødvendig helsehjelp i spesialisthelsetjenesten", cf. [pbrl. § 2-2](https://lovdata.no/lov/1999-07-02-63/§2-2)? | 4.2 Is the treatment considered experimental or in trial? |
|  |  |
| 4.3 Assessment of the medical competence regarding the relevant treatment at the hospital, clinic or practice abroad? | 4.4 Should the application be processed sooner than 4-6 weeks due to risk of worsening prognosis or other medical reasons? |
|  |  |
| 4.5 Other relevant medical information | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 5 Attending physician and medical director | | | |
| 5.1 Contact information | | | |
| Attending physician | | Position, department, telephone | HPR number |
|  | |  |  |
| Medical Director | | Position, department | HPR number |
|  | |  |  |
|  | **The applicant is prevented from signing for health reasons.**  **The treating physician certifies that the applicant consents to the application and  that the applicant consents to the use of personal data in accordance with Section 6.** | | |

|  |  |
| --- | --- |
| 6 Applicant's consent | |
|  | **I, or my parents/guardians, agree that Enhet for utenlandsbehandling may:**  **1. obtain my relevant medical records from previous medical treatment in Norway;**  **2. obtain relevant information and assessments about relevant treatment methods from hospitals or healthcare professionals.** |

|  |  |  |
| --- | --- | --- |
| Signature: by the applicant if he or she is over 16 years of ageby parents/guardians if the applicant is under 16 years of age Sign and submit: Sign by hand and submit on paper (A), or sign and submit digitally (B). | | |
| A1 Sign by hand | | B1 Sign digitally |
| Date: | **Signature by applicant:** | The completed application *must* be saved as a pdf file before signing.  Digital signature:  [Signing service of the Postal Service](https://signering.posten.no/)  [signering.posten.no](https://signering.posten.no/) |
| Date: | **Signature by parents/guardians:** |
| A2 Send by paper mail | | B2 Send digitally |
| Helse Bergen HF  Enhet for utenlandsbehandling  Postboks 1400, 5021 Bergen | | eDialog to Helse Bergen HF:  [min.kommune.no/s/983974724](https://min.kommune.no/s/983974724) |

Guide: Applying for Medical Treatment Abroad

[Pasient og brukerrettighetsloven](https://lovdata.no/lov/1999-07-02-63/§2-4a) § 2-4 a andre ledd bokstav a jf. [prioriteringsforskriften](https://lovdata.no/forskrift/2000-12-01-1208) § 3 jf. § 2

**General information about treatment abroad**

**Legal basis:** The four provisions on patients' right to treatment abroad are gathered in [pasient- og brukerrettighets­loven § 2‑4 a](https://lovdata.no/lov/1999-07-02-63/§2-4a). The Offices of health treatment abroad administer one of these schemes, section 2‑4 a second paragraph letter a. The other three schemes are administered by Helfo.

**The Offices of health treatment abroad** may cover expenses for treatment abroad if treatment is not available in Norway, or if treatment abroad is more effective.

**Helfo** may provide support for, among other things, treatment within the EU/EEA that corresponds to available treatment in Norway, and for treatment within the EU/EEA or Switzerland when treatment in Norway cannot be provided within a medically justifiable time.

More information and application forms for Helfo's schemes can be found at [Helsenorge.no](https://www.helsenorge.no/behandling-i-utlandet/behandling-i-spesialisthelsetjenesten-i-utlandet/).

**The Offices for health treatment abroad** process applications from residents regionally. Applications from patients in the Northern Health Region are processed by the Office in the South-Eastern region.

The Offices are independent bodies, but coordinate certain aspects of their activities.

**General information about the application**

**The Applicant:** The patient who will receive the health­care abroad. If the patient is younger 16 years old, parents or guardians must apply on behalf of the child. The patient may appoint a representative in the case. A written power of attorney must be issued.

**The treating physician,** or another healthcare professional with knowledge of the patient, should assist with the completion of medical and professional medical information and assessments.

**Applying in advance or after treatment:** In the case of planned treatment abroad, an application should be made well in advance. If this is not possible, an application for reimbursement may be submitted.

Application processing time is 4-6 weeks, unless there is a risk of worsening prognosis. Application processing may take longer, if more information needs to be obtained.

**Language:** The application and attachments may be in Norwegian, Swedish, Danish or English. Documents in other languages must be translated. Originals of translated documents must be attached.

**Signature:** The application must be signed by the applicant, either by hand or digitally.

Healthcare professionals who submit the application jointly with the applicant must enter their HPR number.

**The application must be sent to** the Office in the health region of the applicant's registered residence. The application can be sent by paper mail or as a digital mail.

Applications must not be sent by electronic mail.

Other inquiries in e-mails to the Offices must not contain sensitive personal information.

**The main requirements for the right of medical treatment abroad**

The main requirements are:

* that the patient is entitled to "nødvendig helsehjelp" from the specialist healthcare service, and
* either that there is no available healthcare in Norway, or that healthcare abroad is documented to be more effective than the healthcare provided by public healthcare in Norway, and
* that the costs are reasonably proportionate to the expected benefit of the healthcare.
* Treatment abroad which is experimental or in trial may only be granted in exceptional cases.
* Healthcare that [Beslutningsforum](https://www.nyemetoder.no/) has decided not to introduce in Norway, is also not covered abroad.
* Under this scheme, waiting time for treatment in Norway is not grounds for treatment abroad.

**Submit the application to the Office in the health region of the patient's registered residence.**

The application may be sent either by paper mail or by eDialog. Do not send the application by e-mail.

|  |  |  |
| --- | --- | --- |
| **Helse Sør-Øst and Helse Nord** | **Helse Midt-Norge** | **Helse Vest** |
| **Postal addresses** | | |
| Oslo universitetssykehus HF  Utenlandskontoret, Direktørens stab  Postboks 4950 Nydalen, 0424 Oslo | St. Olavs hospital HF  Kontor for utenlandsbehandling, Fagavdelingen  Postboks 3250 Torgarden, 7006 Trondheim | Helse Bergen HF  Enhet for utenlandsbehandling  Postboks 1400, 5021 Bergen |
| **Digital addresses (eDialog)** | | |
| [min.kommune.no/s/mkgo](https://min.kommune.no/s/mkgo) | [min.kommune.no/s/883974832](https://min.kommune.no/s/883974832) | [min.kommune.no/s/983974724](https://min.kommune.no/s/983974724) |
| **Web- and e-mail addresses** | | |
| [Utenlandsbehandling](https://www.oslo-universitetssykehus.no/dine-rettigheter/utenlandsbehandling) | [Utenlandsbehandling](https://www.stolav.no/avdelinger/sentral-stab/fagavdelingen/utenlandsbehandling) | [Utanlandsbehandling](https://www.helse-bergen.no/om-oss/rettar-val-og-moglegheiter/utanlandsbehandling/) |
|  | [utenlandsbehandling@stolav.no](mailto:utenlandsbehandling@stolav.no) | [utenlandsbehandling@helse-bergen.no](mailto:utenlandsbehandling@helse-bergen.no) |

**Guide: Completing the form**

**Introduction**

Anyone can apply for medical treatment abroad by completing Section 1, 2, 3 and 6, preferably with the assistance of the attending healthcare professional.

Sections 4 and 5 are specifically aimed at healthcare professionals at hospital or health service, who submits the application jointly with the applicant.

**1. The applicant and 2. Parents or guardians**

Enter the registered address of residence, even if the patient temporarily resides elsewhere.

Enter personal information about parents or guardians if the patient is under 16 years of age.

E-mail addresses or phone numbers linked to your place of work or study, is not recommended.

**3. Medical information**

**3.1 and 3.2**

Information about a diagnosis, illness or condition that is to be treated or investigated abroad. Provide diagnostic codes when known.

**3.3 and 3.4**

Information about the specific investigation or treatment. Provide surgical codes when known.

**3.5**

Describe the expected effect of treatment in terms of life prolongation, reduced loss of function or functional improvement, or reduced pain or discomfort.

If the treatment is available in Norway, explain why you are applying for treatment abroad.

**3.6**

Hospitals in Norway or abroad where the diagnosis in question has been assessed, investigated or treated.

**3.7**

Contact information for the hospital, clinic or practice, and for the responsible therapist or contact person.

Provide information if contact has been established or an agreement has been entered into with the treatment provider.

**3.8**

Which hospital, doctors or other healthcare professionals will be responsible for the subsequent medical treatment in Norway following the treatment abroad?

**3.9**

Children always travel with one or two parents, depending on age. Adult applicants may be granted on medical or therapeutic grounds. A doctor's statement may be required.

**3.10 and 3.11**

There should be a cost estimate and a duration estimate.

**3.12**

Provide information on whether there are special needs in terms of travel by air or public transport, or need for wheelchair, oxygen, tube feeding or other arrangements.

**3.13**

Attach documents that are relevant to the application.

Documents not written in Scandinavian languages or English, must be translated. Also attach the original documents.

If Helfo has made a decision concerning the treatment in question, the decision must be attached.

**3.14**

Provide information about:

1. other factors relevant to the application
2. the applicant's own assessments of the questions in section 4.

**4. Professional medical information**

These questions are primarily aimed at the applicant's treatment provider at a hospital or other health service in Norway.

**4.1**

See [pasient- og brukerrettighetsloven § 2-2](https://lovdata.no/lov/1999-07-02-63/§2-2) second section.

**4.2**

See [prioriteringsforskriften § 3](https://lovdata.no/forskrift/2000-12-01-1208/§3) second and third section.

**4.3**

Assessment of whether the healthcare at the hospital, clinic or practice is provided according to an accepted procedures.

**4.4**

If there is a risk of loss of prognosis or deterioration of condition with 4-6 weeks, this must be stated.

**4.5**

Other relevant medical information.

**5. Contact information for treating healthcare professionals**

Healthcare professionals who submit the application jointly with the applicant state their HPR number, but do not need to sign the application beyond this.

If the applicant is prevented from signing the application, the treating healthcare professional may submit the application on the applicant's behalf. The Office of treatment abroad will make contact.

**6. Consent, signature, and submission**

Applicants over the age of 16 must consent and sign the application unless this is not possible. Parents sign on behalf of applicants under the age of 16.

The application may be signed either by hand or by using the signing service of the Postal Office.

The application may be submitted by paper mail or digitally (eDialog).