
Date and location

STATEMENT OF NO OBJECTION BY A RELATIVE TO THE PROVIDING OF MEDICAL INFORMATION AND RECORDS OF PATIENT AFTER DEATH

I, the undersigned: -----

PESEL number: -----

* In case of a person with no PESEL number: Date of birth: -----

I state that no relative of the deceased that is known to me * (spouse, relative or direct in-law to the second degree, legal representative, in a relationship or stated by the patient) the deceased:

Mr. /Mr.: -----

PESEL number: -----

* In case of a person with no PESEL number: Date of birth: -----

It does not object to providing me with information and medical documentation connected with a Patient covered by a secret by a medical professional.

Date and signature of the application receiver

Date and signature of the applicant

* fill if it applies

Legal basis: Patient's Bill of Rights and of Patient's Rights Advocate

The personal data controller is LUX MED sp. z o.o. with its registered office in Warsaw (02-676) at Postępu 21c, which processes your personal data in terms of your name, surname, PESEL personal ID number (or date of birth) and, if applicable, telephone number and e-mail address – as part of the submission of the authorization: Patient's statement to authorize / to deny authorization to acquire information / medical documentation. The provision of data is completely voluntary, yet necessary in order to verify the patient's identity and fulfil the request. In all matters related to the processing of your personal data you may contact our Data Protection Officer by writing to: daneosobowe@luxmed.pl. You can read the full wording of the information obligation clause and your rights on the website, at the facility and by contacting us.



luxmed.pl

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KRS number: 0000265353
Tax ID No (NIP): 527 252 30 80
Statistical ID No (REGON): 140723603
Share capital: PLN 676,123,500.00