

## APPLICATION FOR ISSUE OF MEDICAL DOCUMENTATION

Applicant's name/names and surname:-----

PESEL number/ date of birth:-----

\*In case when applicant is other person than patient (authorized person or representant of applicant)  
name/names and surname:-----

PESEL number/ date of birth:-----

**Form of documentation:**  copy  extract/ duplicate/ printout

**Data medium:**  paper  version CD  electronic version (e-mail address)

**Scope of documentation:**  all of the documentation  elected scope of the documentation:

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(Provide additional information on the form and scope eg. date, selected specialists, selected LUX MED facilities)

### Method of receiving the documentation:

in person in LUX MED facility

by e-mail on e-mail address:

I have been informed that in the case of choosing the method of delivery by e-mail, the documentation is transferred in an encrypted form – secured with a password, which I will receive on the telephone number indicated by me:----- I have also been informed that due to the scope of the documentation (fill size), it may not be possible to send it via e-mail and it will be transferred to me on a CD, about which I will be informed on the telephone number indicated by me above.

I state that I was informed of the possible costs of issue of medical documentation and I'm willing to pay the fee indicated by LUX MED Group employee.

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Date and signature of the application receiver

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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](mailto: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.