

PATIENT'S STATEMENT TO AUTHORIZE / TO DENY AUTHORIZATION TO ACQUIRE INFORMATION / MEDICAL DOCUMENTATION

Patient's name/names and surname:

PESEL number/ date of birth of the person authorizing:

*In case where the person submitting the statement is other than Patient (incapacitated person / minor):

Names and surname of the child/ an incapacitated person:

PESEL number/ date of birth:

1. OBTAINING INFORMATION ON HEALTH AND HEALTH BENEFITS PROVIDED TO THE PATIENT

I do not authorize anyone I authorize:

Mr. /Mrs.:

PESEL number/ date of birth:

Contact details (telephone number / e-mail address):

The authorization concerns health services provided by:

all LUX MED facilities

LUX MED facility:

(write which facility)

I am opposed to giving my relatives information about my state of health and the health benefits I have provided after my death.

2. ACCESS TO MEDICAL DOCUMENTATION

I do not authorize anyone I authorize:

Mr. /Mrs.:

PESEL number/ date of birth:

Contact details (telephone number / e-mail address):

The authorization concerns health services provided by:

all LUX MED facilities

LUX MED facility:

(write which facility)

I am opposed to access to my medical documentation by my relatives after my death.

.....
Date and signature of the application receiver

.....
Date and signature of the applicant

* fill in if 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.