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## **AUTHORIZATION FOR ONE TIME ISSUE OF MEDICAL DOCUMENTATION**

I, the undersigned:	
PESEL number of the person authorizing:	
* In case of a person with no PESEL number: Date of birth:	
Authorize Mr./ Mrs.:	
PESEL number of the person authorized:	
* In case of a person with no PESEL number: Date of birth:	
to collect medical documentation * my / of my child / an incapacitated person, v	vho I am a legal representative of **
** Names and surname of the child/ an incapacitated person:	
** PESEL number of the child/ an incapacitated person (for a newborn, whose PESEL number:	
* In case of a child/ an incapacitated person with no PESEL number (and a newbo	·
Type of medical documentation:	
Date and signature of the application receiver	Date and signature of the applicant

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: <a href="mailto:daneosobowe@luxmed.pl">daneosobowe@luxmed.pl</a>. You can read the full wording of the information obligation clause and your rights on the website, at the facility and by contacting us.



<sup>\*</sup> fill if it applies

<sup>\*\*</sup> circle the appropriate