

AUTHORISATION */

1. Access to my health information and information about the health care services provided to me:

I authorise

Forename and surname of the authorised person

TELEPHONE NUMBER

I do not authorise anyone

2. Access to my medical records in all legally permissible forms of sharing such medical records

I authorise

Forename and surname of the authorised person

TELEPHONE NUMBER

I do not authorise anyone

Date and signature of the Patient

I accepted this document on behalf of the Clinic, while being available to answer any questions of the Patient.

I identified Patient on the basis of identity card/ passport. **/

Date and legible signature of the Clinic's representative

*/ Legal basis:

1. Section 8 of the Regulation of the Minister of Health of 9 November 2015 on the Types, Scope and Templates of Medical Records and the Manner of their Processing

2. Article 26 of the Law of 6 November 2008 on patient rights and Patients Ombudsman

**/ delete as appropriate