Patient Statement

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Full name of patient

PESEL (Personal ID) No. | | | | | | | | | | | |

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Home address

Pursuant to the Act of 6 November 2008 on Patients' Rights and the Commissioner for Patients' Rights (Journal of Laws of 2009, No. 52 item 417 as amended) and the Regulation of the Minister of Health of 21 December 2010 on the types and scope of medical records and their processing (Journal of Laws of 2010, No. 252, item 1697),

I hereby declare that:

1. **I authorize / I do not authorize anyone***

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……

Full name, address, date of birth

to be informed about my health and the health services provided.

to receive my medical records.

* mark as appropriate

2. **I agree to undergo any ordered and medically justified examinations and other health services**.**

** I was informed that:
– I have the right to obtain, from the doctor, comprehensible information about my health condition, diagnosis, proposed and possible diagnostic and therapeutic methods, foreseeable consequences of their use or non-use, outcomes of treatment and prognosis;

– I have the right to withdraw my consent for examinations and other health services.

In the absence of my consent, the examinations or health services can only be performed in medical emergency situations.

E-MAIL: ……

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Date and signature of patient and/or his/her legal guardian