

PATIENT'S CONSENT WITH PROVISION OF INFORMATION

in agreement with provisions of Sections (§§) 32 and 33 of the Act No. 372/2011 Coll., on health services and the terms and conditions for the providing of such services (Health Services Act), as amended later (hereinafter the "Act")

Information about the patient:

Patient: _____
Name, surname, date of birth, residential address

Legal representative(s):

Name, surname, date of birth, residential address, relation to the patient, proof of legal representation

CONTACT PERSONS AND PROVISION OF INFORMATION *(to be filled out by the patient)*

Pursuant to the Act you are entitled to decide to which persons and to what scope we are authorized to provide information about your health condition and necessary medical procedures.

Information about my health condition

- ☐ shall not be provided to any person
☐ shall be provided to the following persons:

.....
 Please, indicate **persons whom we can provide information that you were treated in our healthcare facility and about your health condition (contact person or persons):**

1.....

2.....
Name, surname, date of birth, residential address, telephone, relation to you or other contact data

You do not have to indicate all persons by name and you can only state e.g. "my husband and children, etc." In every case, however, indicate at least one person specifically by name, including his/her contact data. If you fail to provide the contact person then no information will be provided about your treatment and your health condition!

The above-mentioned contact person(s) can be given:

- any and all information about my health condition
 information about my health condition only in the following scope

.....

Method of communicating the information:

oral written telephone SMS ☐

The indicated contact person(s):

- | | | |
|------------------|----------------------|---|
| shall be allowed | shall not be allowed | to inspect my medical records
to obtain excerpts from my medical records¹
to express approval or disapproval with provision of health services (for other services that those that can be provided without any approval) in the case that I am not able to decide myself due to my health condition |
| shall be allowed | shall not be allowed | |
| shall be allowed | shall not be allowed | |

Pursuant to provisions of Section (§) 32 of the Act you can waive the right to information about your health condition or you can identify person(s) who should be provided the information (the waiver of the right to information about the health condition shall be disregarded in respect to the information that the patient is suffering an infectious or another disease which might put at risks health or lives of other persons).

¹ The extracts are provided in agreement with provisions of Section (§) 66, paragraph 3 of the Act against a fee of 200 CZK and shipping expenses may be charged as actually incurred.

In respect to the information about my health condition

I hereby do not waive my right and I want to be kept informed about my health condition

I hereby waive the right and the information should be provided to the following person(s):

.....
Name, surname, date of birth, residential address, telephone, relation to you or other contact data

This is to inform you that you can change the above-mentioned persons and the scope of information to be provided at any time. If you want to do so, please, contact your attending physician or his/her substitute.

This is to inform you that, pursuant to provisions of Section (§) 31 of the Act, a medical worker (as a rule your attending physician) shall have the obligation to inform you, as well as other persons as indicated above by you, about the cause and origin of your illness, if they are known, about the purpose and nature of the provided health care and about each examination or treatment procedure, its expected benefits, as well as about its consequences, alternatives and risks. Information about such facts will be communicated to you and approvals with provision of such healthcare services will be requested for each procedure separately.

Provided a patient, who has been provided information about his/her health condition or has waived such information, refuses to express his/her approval with the provision of health services, except in cases where health services can be provided without the approval, then the information about his/her health condition is repeatedly provided in the scope and in a manner which clearly indicates that a lack of provision of such health services may seriously harm his/her health or put at risk his/her life. If the patient continues to refuse the approval then he/she shall execute a written statement about such a refusal.

You can also revoke your approval with the provision of health services. However, the revocation shall not be effective once the medical procedure has started and its interruption might cause serious harm to your health or put your life at risk.

In Prague on at (indicate time).....

Patient/Legal representative:

Health service worker

APPROVAL WITH THE INSPECTION OF YOUR MEDICAL RECORDS *(to be filled out by the patient)*

In agreement with provisions of Section (§) 45, paragraph 2, letter i) of the Act No. 372/2011 Sb., on health services and the terms and conditions for the providing of such services (Health Services Act), as amended later (hereinafter the "Act"), this is to inform you that persons involved in the provision of health services may be also persons in the process of acquisition of their qualification to perform profession of a medical or other professional worker (e.g. students of medical faculties, university students of non-medical health specializations, students of secondary and higher medical schools and pedagogical staff involved in teaching of such students), including inspection of medical records, which they are entitled to inspect pursuant to provisions of Section (65), paragraph 3 of the Act in the scope necessary for teaching purposes. However, you as the patient shall be entitled to prohibit to such persons to be present during the provision of health services to you and to inspect your medical records.

I hereby

APPROVE
 DISAPPROVE

that persons in the process of acquisition of their qualification to perform a medical profession can inspect my medical records and can be present during provision of health services to me:

INSTRUCTIONS TO YOUR RIGHT TO INSPECT THE MEDICAL RECORDS AND TO OBTAIN EXCERPTS FROM THE MEDICAL RECORDS

The Act grants you the right to inspect medical records kept by our healthcare facility in connection with the provision of healthcare to you. You are also entitled to obtain excerpts from your medical records. If you want to use your right to such services, please inform your attending physician. An excerpt from your medical records can be provided within 3 working days after you request it, however, according to the law the time limit is 30 days. We would also like to inform you that, in agreement with provisions of Section (§) 66, paragraph 3 of the Act, we charge 200 CZK, incl. VAT for one page of such an excerpt.

In Prague, on at (indicate time).....

.....
 Signature of the patient (or legal representative(s))