

Consent to Telephone and Electronic Communication

First name and surname _____

Date of birth (ID No.) _____

Address _____

I consent to information about my health status and examination results being provided:

electronically via e-mail

by telephone – in the case of telephone communication, the doctor is authorised to share information only if you provide the chosen password

Consent to telephone and electronic communication may be revoked at any time. Revocation of consent may be made in person or by telephone after providing the chosen password.

In Prague on

Signature of patient