

Designation of Authorised Person under the Healthcare Services Act

Patient Details

First name and surname _____

Date of birth _____

Address _____

Legal Representative (Parent) Details

First name and surname _____

Date of birth _____

Address _____

Contact phone and email _____

Authorised Person Details

First name and surname _____

Date of birth _____

Address _____

Contact phone and email _____

The above-mentioned authorised person **may/may not** access the medical records and make excerpts or copies thereof. Information about the patient's health status may be communicated:

- in person
- by telephone – in the case of telephone communication, the doctor is authorised to share information only if the legal representative/authorised person provides the chosen password:

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The above-mentioned authorised person **has/does not have** the right to be present during the provision of healthcare to the patient, where the nature of the procedure and legal regulations permit.

Granting this consent does not affect the right of the legal representative (parent) to information about the minor patient's health status, information about healthcare services provided, or any other rights provided by law.

This consent may be revoked at any time in the future.

In Prague on

~~Signature of patient/legal representative~~