



Copernicus Memorial Hospital in Lodz Comprehensive Cancer Center and Traumatology
 Łódź 93-513, ul. Pabianicka 62, identification code of the Hospital: 000000004373

DECLARATIONS – THE PATIENT'S CONSENT TO ADMISSION TO CLINIC*

Patient's first and last name	PESEL (Personal Identification No.) / NIP (Tax Identification No.)
Name and surname of the parent/ statutory representative (applies to patients under 18)	
Residence address:	Telephone no.:
Correspondence address (if it is different from the residence address):	E-mail

☐ **I authorise:**

1. Ms/ Mr residing in
 street name street no. telephone no.

2. Ms/ Mr residing in
 street name street no. telephone no.

to receive information about my / my child's* health condition and provided health services.**

☐ **I do not authorise anyone** to receive information about my/ my child's*** health condition and provided health services.

☐ **I object to** ☐ **I do not object to** disclosing information to a next of kin/ a close relative/ friend about my/ my child's*** health status after my/ my child's*** death.

.....
*patient's signature/ statutory representative's signature****

.....
*a legible signature of a child of above 16 years of age ***

☐ **I authorise:**

1. Ms/ Mr residing in
 street name street no. telephone no.

2. Ms/ Mr residing in
 street name street no. telephone no.

to have access to my medical records/ my child's* medical records.**

☐ **I do not authorise anyone** to receive access to my medical records.

☐ **I object to** ☐ **I do not object to** making my/ my child's *** medical records available to a next of kin/ a close relative/ friend after my/ my child's*** death.

.....
*patient's signature/ statutory representative's signature****

.....
*a legible signature of a child of above 16 years of age ***

☐ I hereby authorize:

Miss/Mr/Ms/Mrs residential address

....., tel.

to collect prescriptions and/ or orders for the provision of medical devices necessary to continue treatment and/ or the provision of medical devices.

.....
patient's signature/ statutory representative's signature***

.....
a legible signature of a child of above 16 years of age **

or

☐ I declare that prescriptions issued to me and/ or orders for the provision of medical devices necessary to continue treatment and/ or the provision of medical devices may be collected by third parties without specifying the persons in detail.

.....
patient's signature/ statutory representative's signature***

.....
a legible signature of a child of above 16 years of age **

INFORMATION CLAUSE

According to Article 13.1 of the General Regulation on Data Protection (GDPR), we inform that:

1. The Administrator of patients' personal data is the Copernicus Memorial Hospital in Lodz Comprehensive Cancer Center and Traumatology, address: ul. Pabianicka 62, 93-513 Łódź.
2. The Administrator has appointed the Data Protection Officer whom you can contact via e-mail: iod@kopernik.lodz.pl regarding the processing of your / your child's personal data
3. The Administrator will process Patients' personal data in order to fulfill the legal obligation incumbent on the Administrator and in order to provide health care services.

The specific legal basis:

- a. data necessary to identify the Patient before providing the service, in particular by making a request for medical care, verifying data during the appointment at the reception desk or in the doctor's office are processed by the Administrator pursuant to Article 6.1.c) and art. 9. 2. h) of the GDPR in conjunction with Article 25.1 of the Act of 6 November 2008 on Patient's Rights and the Patient's Rights Ombudsman;
 - b. data contained in the patient's medical records are processed by the Administrator under Article 9. 2 lit. h) of the GDPR in conjunction with Article 24.1 of the Act of 6 November 2008 on Patient's Rights and the Patient's Rights Ombudsman;
 - c. data collected to implement the Patient's rights contained, for example, in received and archived statements, in which the Patient authorizes other persons to access the medical documentation and consents to providing them with information about the patient's health status are processed by the Administrator under Article 6.1 lit. c) of the GDPR in conjunction with Article 9.3 and Article 26.1 of the Act of 6 November 2008 on Patient's Rights and the Patient's Rights Ombudsman;
4. Personal data may be made available to other authorized entities on the basis of legal provisions, as well as:
 - a. to another therapeutic entity and an external laboratory cooperating with the Administrator in order to ensure continuity of treatment and availability of health care,
 - b. to entities with which the Administrator concluded a contract in connection with the provision of services to the Administrator;
 - c. in technical and organizational solutions, enabling the provision of health services and management of the Administrator's organization, in particular to ICT service providers, suppliers of diagnostic equipment as well as courier and postal companies,
 - d. to providers of legal and advisory services and supporting the Administrator in pursuing claims due, in particular, law firms and external auditors.
 5. The administrator does not intend to transfer your child's personal data to a third country or an international organization.
 6. You have the right to obtain a copy of your / your child's personal data at the Administrator's office.

In addition, according to Article 13. 2 of the GDPR we inform you that:

1. Personal data of patients included in the medical documentation will be stored in accordance with Article 29 of the Act of 6 November 2008 on Patient's Rights and the Patient's Rights Ombudsman, i.e. for a period of 20 years from the day on which the last entry was made with the exceptions provided for in the abovementioned Act.
2. Patients have the right to access their data, correct them, delete some data, e.g. a phone number and data when their storage period has expired. In addition, the Patient has the right to limit the processing, as well as the right to file a complaint to the supervisory body, i.e. the President of the Office for Personal Data Protection.
3. Providing personal data is a statutory requirement. The Administrator as a health care entity has an obligation to keep medical records in a manner prescribed by law, including the obligation to confirm the Patient's identity using his/her personal data. Failure to provide data may result in a refusal to make an appointment or refusal to provide healthcare services.
4. The Administrator does not make decisions on an automated basis based on your / your child's personal data.

In addition:

1. There is a total ban on smoking, drinking alcohol and using intoxicants in the facility.
2. You have the right to change the person / persons whom you have authorized above ****.

.....
patient's signature/ statutory representative's signature***

.....
a legible signature of a child of above 16 years of age **

NOTE: TO BE COMPLETED IN CASE OF WITHDRAWAL OF GIVEN AUTHORISATION!

I hereby withdraw authorization given above as of ****

.....
patient's signature/ statutory representative's signature***

.....
a legible signature of a child of above 16 years of age **

Legend:

* Declarations – the patient's consent to be admitted to the Centre is to be completed exclusively by the patient or their statutory representative.

** If the patient has reached the age of 16 but has not reached the age of 18, the information should be duplicated, i.e. addressed to the patient and to their statutory representative.

*** ----- - delete as appropriate with horizontal line

**** in case of withdrawal of given authorisation this declaration ceases to be valid and the patient fills in a new declaration form according to their will.

☐ – please put X where appropriate

A next of kin/ A close relative/friend - a spouse, a relative up to the second degree of affinity or consanguinity, a statutory representative, a person in cohabitation with the patient or a person indicated by the patient.