



QUESTIONNAIRE

F-6/Ia

Wydanie 2

AUTHORIZATION FOR COLLECTING MEDICAL DOCUMENTATION AND/OR GIVING INFORMATION ABOUT HEALTH CONDITION

Strona: I

Stron: I

Data: 8.03.2021

Patient's information:

.....
 Name and surname Date of birth

.....
 adres email Phone number

MEDICAL DOCUMENTS- PERMIT OF COLLECTION

- I do not give my authorization to anyone for collecting my medical documentation
- I give my authorization for collecting my medical documentation to Mrs/Mr:

.....
 Name and surname of authorized person

INFORMATION ABOUT HEALTH CONDITION

- I do not give my authorization to anyone for receive information about my health condition and results of my examination
- I give my authorization for receive information about my health condition and results of my examination to Mrs/Mr:

.....
 Name and surname of authorized person and her/his phone number

.....
 Date and signature

Due to the current state of epidemiological threat, I declare that I consent to the issue of a CD with diagnostic images without a description of the examination immediately after the examination. At the same time, I consent to the encrypted description of the study being sent by e-mail to the e-mail address provided below:

.....
 adres mail

.....
 Date and signature

FULLFILLED BY HELIMED EMPLOYEE	
Data of authorized person has been checked Data and signature of employee	Authorization form has been received Data and signature of employee