



**Designating a REPRESENTATIVE  
for the purposes of representing the patient  
Law of 22 August 2002 on Patients' Rights (Art. 14, § 1)**

- I, the undersigned, ..... (patient's first name and surname), hereby designate the following person as my representative if I am personally not capable to make decisions on the health care to be provided to me and cannot exercise my rights as a patient myself.

- Patient's identity details:
  - address:
  - telephone number:
  - date of birth:
  
- Representative's identity details:
  - First name and surname:
  - address:
  - telephone number:
  - date of birth:

Drawn up in ....., on (date) ..... - Patient's signature:

- I accept the designation as representative and I shall represent the patient to the best of my abilities if (s)he is not personally capable to do so.

Drawn up in ....., on (date) ..... - Representative's signature:

Recommendation: 1. It is recommended that this form be drawn up in duplicate. One original can be kept by the representative, one original can be kept by the patient and a copy can be handed to the general practitioner or another doctor chosen by the patient: ..... (to be completed by the patient).  
2. The designation of a representative can always be withdrawn by a written, dated and signed statement. If this occurs, it is advisable that all persons who were informed of the original designation be notified accordingly.