



ÚVN

ÚSTŘEDNÍ VOJENSKÁ NEMOCNICE
Vojenská fakultní nemocnice Praha

Information and consent in Outpatient Departments

Dear Madam, Dear Sir,

The Military University Hospital Prague is a teaching facility. Under the supervision of experienced physicians, nurses and physiotherapists, medical students, future nurses, physiotherapists, lab technicians and other medical personnel are practicing here. Thus, we ask for your understanding, patience and consent to have these persons acquainted with information on your health condition and provided insight into your medical documentation. You have the right to refuse being treated by trainees and them being provided insight into your medical documentation.

A) I agree with the presence of medical students and other medical personnel practicing in ÚVN during the treatment as well as with the provision of insight into my medical documentation.

YES **NO (tick)**

B) Consent with the information provision

I was informed about my rights related to information about my health condition and providing insight into my medical documentation which include making transcripts and copies.

I agree with providing information about my health condition in the extent related to my illness, its treatment and prognosis to the persons below appointed and I understand that no other person will be provided with this information.

Name and Surname.....Relationship to the patient.....

Name and Surname.....Relationship to the patient.....

I agree that persons below appointed have the right to the insight provision into my medical documentation and can make copies.

Name and Surname.....Relationship to the patient.....

Name and Surname.....Relationship to the patient.....

Prague, date.....

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Patient's signature

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Name, Surname and signature of the health care staff