



GENERAL CONSENT TO HOSPITALISATION

Patient:	Date of birth:
Insurance company (payment):	Birth certificate number
Address:	Patient number
Telephone:	

A) Waiver of the right to receive information about the state of health

I wish to be informed about the state of my health:

YES/NO*

B) Protocol on the patient's giving/withholding consent to provision of information about the state of his/her health

I am entitled to determine persons who are allowed to receive information about the state of my health including the scope of this information and persons who are not allowed to receive the information. I am entitled to determine persons who are allowed to view my health documentation (hereinafter also referred to as the "HD") and make extracts therefrom or copies thereof. I understand that in case of worsening of the state of my health the persons mentioned here will be notified and I have been advised that I can determine a person who will make decisions instead of me if I become unable due to the state of my health to give consent to provision of healthcare services.

I EXPRESS MY FORBIDDANCE of providing information about the state of my health to **any/below*** mentioned person:

I GIVE CONSENT to provision of information about the state of my health **only to the below-mentioned persons** during a face-to-face contact or by phone in case of their stating the password:

Name/Relation Address/Telephone	Information by phone	View of HD	Extracts from/copies of HD	Expressing consent to provision of healthcare services
	YES/NO*	YES/NO*	YES/NO*	YES/NO*
	YES/NO*	YES/NO*	YES/NO*	YES/NO*
	YES/NO*	YES/NO*	YES/NO*	YES/NO*
	YES/NO*	YES/NO*	YES/NO*	YES/NO*

C) Use of one's own medicaments

In Na Homolce Hospital the only medicaments that will be used for your treatment will be those prescribed by your attending physician of Na Homolce Hospital. **It is not allowed to use any medicaments without the attending physician's consent.** Therefore, give all the medicaments you have brought with you to hospital to the attending personnel. The medicaments will be returned to you at the end of your hospitalisation.

I AGREE with the above-mentioned rules for use of medicaments: YES/NO* I have some medicaments with me:

D) Consent to simple medical care tasks

YES/NO*

Simple tasks (re-bandaging, giving injections, etc.) will be carried out when you being in bed in the room which you will share with other patients.

I AGREE with simple tasks to be carried out as described above:

YES/NO*

E) Patient's privacy and personal data

Students preparing for performance of medical occupation and their teachers may be present at your treatment and diagnostic activities and may view your health documentation. Further, your health documentation may be viewed by members of accreditation commissions and persons monitoring and evaluating quality of provided care. **Your potential disagreement has no impact on quality of provided healthcare services.**



I **AGREE** with presence of the above-mentioned persons and their potential viewing my health documentation

YES/NO*

I **AGREE** with provision of information about my presence in the healthcare facility:

YES/NO*

F) Patient's consent to be assigned the Na Homolce Hospital carrier

I **AGREE** with being assigned the Na Homolce Hospital carrier if the physician recommends use of healthcare transport service for transport (ambulance vehicle):

YES/NO*

G) Recording ban

I have been advised that in Na Homolce Hospital it is forbidden to make visual, audio or audio-visual recordings, except for the situations when done for medical reasons. In the event that I break this ban and the use of the recordings results in damage to Na Homolce Hospital or to a third person, I undertake to compensate Na Homolce hospital (or a third person as the case may be) for the damage fully.

H) Use of one's own electrical appliances

I declare that my electrical appliances are in such a condition which enables their safe use and I assume responsibility for any damage arisen (including damage to health) caused by their malfunctioning.

I) Smoking ban

I have been advised that smoking is not allowed in the premises of Na Homolce Hospital. A zone designated for smoking is situated on the second floor near the white lift in the open part of the vestibule.

J) Patient's consent to hospitalisation

I am aware that my personal data will be used for my identification as well as for the purpose of provision of healthcare services, keeping health documentation and protection of property. I have been informed about the in-house rules of Na Homolce Hospital and I agree to observe them. I declare that I have been advised on my rights according to Act no 372/2011 on healthcare services and conditions of their provision, General Regulation on Personal Data Protection 2016/679 and Act no 101/2000 on personal data protection. The advices are attached hereto. I declare that I have not withheld any information about the state of my health known to me which could have an adverse effect on my treatment or endanger my surroundings, especially by spreading a contagious disease.

I understand that my consents can be anytime withdrawn or modified by me in writing.

Based on the above-mentioned information and after my own consideration I give my consent to hospitalisation in Na Homolce Hospital:

YES/NO*

In Prague, on _____

 Signature of the patient

If the patient is unable to sign, the witness who was present at the expression of the will shall sign the consent:

Name and surname of the witness:
 The way the patient expressed his or her will:
 The reason for failure to sign the consent:

 Signature of the patient

I declare that I have advised the patient in the way described above.

In Prague, on _____

 Signature of the employee admitting the patient to hospital

PATIENT'S ADVICE

Let us inform you that working with your personal data in Na Homolce Hospital (Nemocnice na Homolce, hereinafter only the "NNH") is subject to legal protection. In the NNH we work with your personal data in order to be able to provide you due healthcare and meet the duties imposed on us by law. You can learn more about the way we treat your personal data in the document named **Information about processing of patients' personal data in the NNH** which you can find at our web pages at www.homolka.cz. This document can be updated from time to time. If you start thinking that we fail to use your personal data correctly, do not hesitate to contact the personal data protection officer: dpo@homolka.cz. Further, in compliance with Act no 372/2011 on healthcare services and conditions of their provision, General Regulation on Personal Data Protection 2016/679 and Act no 101/2000 on personal data protection, as amended, we advise you that:

- a) The controller of your personal data is the NNH, company registration number 00023884, based in Prague 5 - Motol, Roentgenova 37/2, postcode 150 30. The place of your personal data processing is the registered office of the NNH;
- b) The purpose of your personal data processing is to get the data which are directly connected with your identification, the state of your health, to provide healthcare services and to keep health documentation. We process the personal identification and address data for contacting purposes and property protection purposes;
- c) Provision of personal data is compulsory for the purposes of your proper identification, provision of healthcare services and keeping of health documentation, since based on Act no 372/2011, the NNH is obliged to keep health documentation with personal data in the extent necessary for identification and finding out the patient's anamnesis, as well as information about the patient's illness, steps and results of examination, treatment and other significant facts related to the state of the patient's health and to the steps taken at provision of healthcare services;
- d) Provision of personal data for the purposes of property protection during the stay in the NNH is compulsory;
- e) Provision of personal data for the purposes of wearing an identification wrist band is voluntary. The identification wrist band will contain your personal data in the extent as follows: name, surname, date of birth and a bar code containing the patient's number from the NNH patient register;
- f) The NNH processes your personal data in the extent as follows: name, surname, birth certificate number, date of birth, gender, address of permanent residence or another contact address if different from the place of permanent residence, the number of insurance policy, in case of foreign nationals the address of stay in the Czech Republic (if available) and in the country of origin, data about health insurance including the insurance policy holder's number, information about illness, steps and results of examination, treatment and other significant facts related to the state of the patient's health and to the steps taken at provision of healthcare services. If it is necessary to process additional data for the purpose of proper provision of healthcare services, you will be informed about it in accordance with the respective legal regulation. Depending on the purpose of focus of health documentation, the health documentation can also include the information from family, personal and occupational anamnesis and if reasonable, information from social anamnesis as well as other data according to the law on health services or other legal regulations providing for healthcare services;
- g) Personal data will be processed in the form of keeping health documentation in writing and electronically, some personal data will be mentioned in the patient's identification wrist band for the purpose of proper identification to avoid the risk of his or her mistaking for another patient;
- h) Personal data are processed by NNH employees. For the purposes of provision of healthcare services by another healthcare facility / physician it is allowed to provide your personal data to these persons as well;
- i) Access to personal data from health documentation is allowed to be given to the persons according to Article 65 of Act no 372/2011;
- j) Personal data will be processed during the time of provision of healthcare services; personal data in health documentation will be processed in accordance with relevant legal regulations; personal data in the identification wrist band will be processed during the time of your hospitalisation in Na Homolce Hospital.

PATIENT'S RIGHTS

- a) to the information about the state of his/her own health and about proposed medical procedures and all the changes including the possibility of ask additional questions related to the state of his/her health and proposed healthcare services;
- b) to a provision of all the information collected in the health documentation kept about him/her personally or in other records related to the state of his/her health; in case of records of authorised psychological methods and description of treatment using therapeutical means and interpretation of results of tests;
- c) to view the documents mentioned in letter b) in presence of an employee of Na Homolce Hospital; in case of records of authorised psychological methods and description of treatment using therapeutical means he/she is allowed to view the records related to description of symptoms of illness, diagnosis, description of therapeutical approach and interpretation of results of tests;
- d) to acquire extracts from, estreats or copies of the documents mentioned in letter b); in case of records of authorised psychological methods and description of treatment using therapeutical means he/she is entitled to acquire extracts from, estreats or copies of those part of documents that relate to description of symptoms of illness, diagnosis, description of therapeutical approach and interpretation of results of tests;
- e) at his/her admission to care to determine persons who are allowed to receive information about the state of his/her health and at the same time he/she can decide whether these persons are allowed to view the health documentation kept about him/her or other records related to the state of his/her health, to acquire extracts from or copies of these documents and whether in cases according to Article 34(8) of the law on healthcare services they are allowed to give or withhold consent to provision of healthcare services. If due to the state of his/her health the patient is unable to determine persons as per the previous sentence of this letter e), close persons are entitled to receive the information about the current state of his/her health and to acquire extracts from and copies of the health documentation kept about the patient. If earlier the patient expressed his/her disapproval of providing information about the state of his/her health to certain close persons, the information can be provided to these persons only in the situation when it is in the interest of protection of their health or protection of another person's health, in the necessary extent only;
- f) to determine persons or exclude any person from provision of information about the state of health anytime after admission to care, as well as he/she is entitled to withdraw the person's definition or expression of disapproval of providing information about the state of health anytime; however, the disapproval of providing information about the state of health expressed by the patient does not apply to the provision of information or communication of information which is allowed to be communicated without the patient's consent according to the healthcare services law or other legal regulations (e.g. Article 65(2) of healthcare services law);
- g) to forbid the persons who are qualifying qualification to perform the occupation of medical worker or any other specialised worker and the medical staff mentioned in Article 46(2) of healthcare services law to view the health documentation kept about the patient in the extent necessary for educational purposes;
- h) to request information about his/her personal data processing on the understanding that in return for the provision of information Na Homolce Hospital is entitled to require a corresponding payment not exceeding the costs necessary for providing the information;
- i) to rectify personal data;
- j) in case he/she finds out or thinks that Na Homolce Hospital processes his/her personal data contrary to his/her private and personal life or in contrary to law, especially when personal data are inaccurate with regard to the purpose of their processing, to ask Na Homolce Hospital for explanation, require Na Homolce Hospital to rectify the actual state arisen when it can mainly mean a blocking, rectification, amendment or discarding of personal data;
- k) to contact the Personal Data Protection Authority (Úřad pro ochranu osobních údajů) with a request to ensure remedial measures if he/she finds out that duties of Na Homolce Hospital have been breached;
- l) at raising a claim to follow Article 13 of the Civil Code if the patient has suffered other than property damage in consequence of processing of the patient's personal data.