



Date :

## PATIENT ICU REPRESENTATION DECLARATION FORM FOR CLINICAL STATUS

### PERSONAL INFORMATION OF THE PATIENT HOSPITALISED IN INTENSIVE CARE UNIT

Last name : First name: Social Security Number:  
Age : Address : Tel.:

### PERSONAL DETAILS OF THE PERSONS APPLYING FOR CLINICAL INFORMATION

1. First & last Name: Identity Number or Social Security Number or Tax Number:  
Contact tel. number: Degree of kinship:  
Address:  
2. First & last Name: Identity Number or Social Security Number or Tax Number:  
Contact tel. number: Degree of kinship:  
Address:

### DECLARATION OF CONSENT

I, the undersigned, having been fully aware of the meaning and content of the explanations given to me about the need to protect the patient's personal data, hereby declare that I undertake to represent the patient and receive medical information about his/her course of care, due to his/her inability to be personally informed and I also agree to respect his/her rights in accordance with the European General Data Protection Regulation(GDPR).

### REASONS REQUIRING PATIENT REPRESENTATION

- decreased level of consciousness due to disease or treatment:  
 weak verbal or written communication:  
 Other (describe) :

### DECLARATION OF THE REFERRING DOCTOR

First and Last Name  Telephone:

I have explained to the person concerned the nature of the need to protect sensitive personal data and the obligation of the University Hospital of Ioannina to adapt to the New European Regulation regarding the General Data Protection Regulation (GDPR), which is valid from 25.05.2018

### DECLARATION OF THE REFERRING DOCTOR

*Signature of the referring doctor*                      1. *Signature of the patient's representative*                      2. *Signature of the patient's representative*

