



Designation of a REPRESENTATIVE

Law of 6 February 2024 amending the Law on Patients' Rights 22 August 2002

I, the undersigned, (first name and surname), hereby designate the following person as my representative if I myself am unable to make decisions about 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:

• **Identity details of the representative :**

- First name and surname:
- address:.....
- phone number: date of birth:.....

Drawn up in, on (date)

Signature patient

Signature of representative

Recommendation: It is recommended that this form be drawn up in triplicate. One original can be kept by the patient, one by the representative and one by the doctor/ patient file within UZ Brussel.

Information: the appointment of a representative can always be revoked by a written, dated and signed communication or by completing and submitting the revocation form to a healthcare professional within UZ Brussel/ UZ Brussel patient administration for addition to your patient file.