



REVOCATION of the designated CONFIDANT

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

I, the undersigned, (first name and surname), hereby revoke the designation on/...../.....(date) of the person below as my confidant.

• **Confidant's identity details whose designation was revoked :**

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

Drawn up in, on (date)

Patient's signature

Recommendation: All persons who have received the designation as confidant shall best be informed of this revocation.