	D D M M Y Y Y Y	
Place	Date	

Authorization

I the undersigned,	
born on D,D,M,M, Y,Y,Y,Y in	, holder of ID card series and
no, PESEL no	pursuant to Article 9 section 3 and Article 26 section 1 of
the Act of November 6, 2008 on the rights of the patient and the Patient	ts' Ombudsman (Journal of Laws of 2009, item 1127, consolidated text of
June 17, 2019) with relation to § 8 section 1 item 2 of the Regulation of	f the Minister of Health dated November 9, 2015 on the types, scope and
specimens of medical documentation and manners for processing of t	that documentation (Journal of Laws of 2015, item 2069 of December 8,
2015) I hereby authorize Mr./Ms.	
address of residence	holder of ID card series and no,
PESEL no to examine all my me	edical documentation, including hospital records and results of tests, and
to obtain information on the course of my treatment, threats tied to pro	ocedures performed with relation to my treatment and on their potential
outcomes.	
	Signature