I herebly request of the following medical records of mine.

Patient data:	Health service information:
…… (name of patient)	…… (type of service)
…… (address)	…… (date of procedure)
…… (date of birth / PESEL)	…… (department)

Form of the release of medical records:

☐ preparing a paper version – to be collected in person

☐ sending via email : …… ……
(e-mail address) (telephone number)

☐ sending by registered mail: ……
(address)

…….
(date and legible signature of the patient / patient's legal representive)

…….
(date and legible signature of the clerk accepting this request)

Consent of the Medical Director

…….
(date and legible signature of the Medical Director)

Confirmation of receipt of medical documentation (in the case of personal collection).

…….
(quantity)

…….
(date and legible signature of the patient / patient's legal representive / person authorised by the patient)

…….
(date and legible signature of the clerk accepting this request)

The administrator of personal data is LUX MED Szpital Gdańsk S.A. with its registered office in Gdańsk, at ul. Wileńska 44, 80-215 Gdańsk. The data is processed under Art. 9 section 2 letter h GDPR. If you have any questions or require additional information, please contact our Data Protection Officer at: daneosobowe@luxmed.pl. Information about your rights and information about the right to lodge a complaint with the supervisory authority can be found on the website: https://www.szpital-gdansk.luxmed.pl/dane-osobowe/ and in the hospital.