

# Application for representative of a patient record

Please use a separate document for legal representatives (www.post-sanela.ch)

# Details of the patient for whom a representative should be appointed in the patient record:

Surname*:	
First name*:	
Date of birth*:	
Gender*: (male/female/other)	
Street*:	
Postcode and place of residence*:	
Country*:	
Email address*:	
Mobile phone number*:	

### Details of the representative:

Surname*:	
First name*:	
Date of birth*:	
Gender*: (male/female/other)	
Street*:	
Postcode and place of residence*:	
Country*:	
Email address*:	
Mobile phone number*:	

\* Required field

# Confirmation by the representative



- I hereby confirm having received and read the information about the purpose and function of the EPR and about the rights of the holder of the EPR and the representative and agree to its content (based on the information sheet on setting up an EPR, available at www.post-sanela.ch).
- I have read and understood the GTC of Post Sanela Health Ltd.

#### Rights and obligations of the representative in the EPR

The patient can appoint a representative who can access the EPR on their behalf and also assign the confidentiality levels and access rights. There is no limit to the number of representatives. The representative in the EPR has the same rights as the patient.

Representatives must identify themselves with their own means of identification from a certified publisher. With regard to the patient's EPR, the representative can, in particular,

- view without any access restrictions all documents stored in the patient portal of the represented patient;
- define the confidentiality levels of medical information on file;
- grant or revoke the access rights of health professionals to the documents on file;
- withdraw consent to the EPR on behalf of the patient at any time without giving a reason and close the EPR.

From the age of 12 until they reach their legal age, children must be informed at least once a year by the representative about an EPR that has been created for them earlier. The child then has the right to revoke their EPR and, from the age of 16, can also remove or independently change their legal representative.

With my signature I agree to act as representative for the EPR of the above-mentioned patient and that I acknowledge the GTC.

Date:

Signature of representative:

#### Confirmation by the patient

I hereby confirm that the person mentioned above shall act as the representative for my electronic patient record (EPR).

Date:	
Signature of the patient:	
Required documents:	

Required documents:

- $\hfill\square$  Copy of the representative's official ID
- Copy of the patient's official ID

Send to: Post Sanela Health Ltd, operator organisation of the Sanela reference community, Pfingstweidstrasse 60b, 8005 Zurich

To be completed by the central services of the reference community:

Application for the representative has been received:	Date / initials
Review by the patient/representative completed:	Date / initials
Representation has been set up (PADM, date, signature):	Date / initials