 <p>Centre Hospitalier d'Auch EN GASCOGNE Soigner &amp; prendre Soins</p>	<b>APPOINTMENT FORM FOR PERSON OF CONFIDENCE</b>	<b>RDP FE 03</b>
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I (surname – first name)

.....  
Date of birth : ..... Town : .....

Address :  
.....

Admitted to ward : .....

**Designates as his/her person of confidence**

Mr                       Mrs                       Miss

Surname, first name : .....

.....  
Date of birth : ..... Town : .....

Address :  
.....

.....  
Phone : ..... e-mail : .....

Relationship to patient :

Partner                       Friend                       Relative                       Doctor                       Guardian

Other (to specify): .....

**This person :**

- Will accompany me, at my request, to my medical consultations, and assist me in making my choices.
- Will be consulted by the medical team in the event that I am unable to express my wishes, and will receive the necessary information to enable them to give an opinion
- Will not be informed of any information that I wish to maintain confidential, that I have indicated to my doctor

Is aware of the testimony of my “anticipated instructions” :  Yes     No

**This designation is valid for :**

- The duration of my hospitalisation in Auch hospital
- The duration of my hospitalisation and for the future

**I can change my mind at any time (cancel or change my decision) if this is the case, I undertake to inform the hospital in writing.**

**Auch                      Date : .....Signature of patient :**

**Date : .....Signature of person of confidence :**

**I do not wish to designate a person of confidence at this time.**


*I acknowledge that I have been informed of the opportunity to appoint a person of confidence for the duration of my hospitalisation. However, I do not wish at this time to appoint any person in this role, but am aware that I can do so at any moment, and will notify the hospital in writing if I change my decision.*

Auch    Date : ..... Signature .....

**The state of health of this patient does not allow the designation of a person of confidence on this day**

Date : .....  
Medical staffs name and ward : ..... Signature : .....



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## PERSON OF CONFIDENCE

*Same or different person who is next of kin*

You are **over 18 years old**

You can specify, if you wish, any person to fulfill this role. The role of this person is to assist you, at your request, with any administrative procedures and attend medical consultations with you. Therefore this person can help you make any decisions and with your agreement, have access to your medical records.

You are an adult and under guardianship or trusteeship.

You can specify, if you wish, a person of confidence with the authorisation of a judge.

- **Why do I need a person of confidence ?**

- If your state of health does not enable you to give an opinion or make a decision, the medical team caring for you will firstly consult your anticipated wishes, that should have been completed, (if this has not been done ask for the form from the medical staff), and your person of confidence that you have designated. These aspects will be taken into consideration and will guide the doctors to make an eventual decision.

- **What are the limits of your person of confidence ?**

- He/she cannot obtain access to your medical records, unless there is written confirmation of your consent.
- If you want certain information to remain confidential, then please let the doctor know, and this information will remain confidential in all circumstances.
- The person of confidence is trusted to maintain your confidentiality at all times.
- If you are unable to express yourself, your person of confidence will be consulted by the medical team to learn the decisions you may have made, or discussed prior to hospitalisation.
- This opinion will be taken into account, but it is the doctors who will make the final decision.

- **Who can I appoint ?**

- This is one person who you trust completely and who is willing to fulfil this role, e.g a parent, your wife/husband/partner, a close friend or your family doctor.
- The person of confidence can be the same as the person of contact or next of kin.

- **How do I appoint my person of confidence ?**

- In writing by filling out this form, you may change your mind at any time, by informing the staff and completing another form with the new information.
- Be aware that your designated person of confidence can withdraw from this role at anytime also.

- **When do I appoint my person of confidence ?**

- Before, at or during your hospitalisation.
- It is important to have considered your decision carefully prior to confirming your choice of person of confidence.
- This designation is valid for the duration of your hospitalisation.

- **In which case you cannot designate a person ?**

- If you are under guardianship or trusteeship.
- This can be overturned if for a previous hospitalisation, and prior to this guardianship, you had designated someone, only a judge can confirm this designated persons position.

