

IMPORTANT: Pursuant to Law 2002-303 of 4 March 2002 on the rights of patients and the quality of the healthcare system, and in particular Article L.1111-6, the patient may appoint a person of trust who will be consulted on the assumption that the same patient would be unable to express his / her will and receive the information necessary for this purpose.

**APPOINTMENT OF TRUST PERSON
OR CHANGE OF DESIGNATION**

I, the undersigned NAME: BIRTH NAME:

FIRST NAME(S):

DATE OF BIRTH:/...../..... PLACE OF BIRTH

Admitted, from: / / within the Sport Clinic for surgery

Wish to :

- Not to appoint a trust person**
- Revoke the trust person designated in the previous page, without naming another.**
- Designate the trust person below:**

Mrs. Miss Mr.

NAME: BIRTH NAME:

FIRST NAME(S):

DATE OF BIRTH :/...../..... PLACE OF BIRTH.....

ADDRESS

PHONE: E-MAIL:.....@.....

- ✓ This legally capable trust person is:
 - my partner a relationship a relative my personal doctor
- ✓ I wish this person accompany me in all my endeavors and attends all medical appointments to help me in my decisions
 - YES NO
- ✓ I wish to keep this person of confidence in case of new hospitalization within the institution: YES NO

You can change your mind at any time, as part of a new admission the secretary will check whether or not this choice is maintained.

I declare to have secured the agreement of the person of confidence, designated above.

I have been informed that this designation is valid for the entire duration of my hospitalization.

I may revoke this designation at any time and in such case, I undertake to inform the institution in writing.

Mérignac, Date

Signature

1. YOU ARE OR WILL BE HOSPITALIZED AT THE BORDEAUX-MERIGNAC SPORT CLINIC

You are neither minor nor under tutorship, you have the right to designate a person of trust.

- **Why?**
 - Be accompanied in your health care
 - Be supported in your decision-making
 - Be represented in the expression of your wishes of care, in case you are unable to express yourself
- **Who to choose?**
 - A relative
 - A relationship
 - Your personal doctor
- **What should you do?**
 - Determine with the trust person you have chosen the extent of its participation: presence of all medical interviews or only the most important communication in all the medical information or just those you choose
 - Explain your wishes in case of serious deterioration of your health.
 - Complete the form with the trust person.

2. YOU ARE OR WILL BE DESIGNED A PERSON OF TRUST

You are chosen to be the trustee of a person hospitalized at the Clinic Sports Bordeaux-Merignac.

- **What task?**
 - You can accompany the patient, if he wishes, to the medical interviews and help him to make his decisions.
 - If the patient is unable to express his / her will, you will be the reference person of the medical and paramedical team to receive the information and be consulted about the decisions to be taken.
- **What should you do?**
 - Complete this form with the hospitalized person.
- **What obligation?**
 - Associate with the medical relationship, you will be bound by medical confidentiality.

This is a moral commitment of solidarity and assistance. It can be broken at any time, both by the hospitalized person and by the person of trust.