

Designation form for the trusted person



You have the option to designate a trusted person. This person should be an adult, sufficiently close to you to know your beliefs and someone you trust (a family member, a friend, a neighbor, your treating doctor...).

according to medical requirements, your wishes, and beliefs. The designated trusted person will not receive any confidential information that you have indicated to the doctor.

The trusted person:

❖ Can, if you wish, attend meetings with medical and paramedical professionals to help you make decisions regarding your health.

❖ Will be the only person consulted by the medical team if you are no longer able to express your will or receive information, in order to adapt the care and treatments

This designation is optional. It must be made in writing and included in your patient file. It applies to all your stays at Santé Service but can be canceled or modified at any time in writing. It is sufficient to inform a professional at Santé Service and designate, if you wish, another trusted person, also in writing (*cf. art. L1111-6 of the Public Health Code on the back*).

I, undersigned :

Adult patient under the care of Santé Service. Born on: / /

Declare to have received information about the trusted person and designate as the trusted person:

Friend Spouse Father Mother Child Treating doctor

Other (specify):

Name: First name: Born on: / /

Address:

Phone:

Commit to informing the trusted person that I have designated and informing them of their potential role

of their potential role as their name and contact information will be included in my patient file.

Declare to have received information about the trusted person and do not wish to designate a trusted person

However, I acknowledge that I have been informed of the possibility to designate a trusted person in writing at any time.

Date : / /

Patient's signature

Signature of the trusted person

Other signatories

❖ If the patient is unable to express their will, cross out the mention on this document, then date and sign.

❖ If the patient is unable to write, fill out this document, then date and sign.

Date : / / **Signature**

Quality of the signatory (professional / family):

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Article L.1111-6 of the Health Code

Any adult person can designate a trusted person who can be a relative, a close person, or the treating doctor, and who will be consulted in case they are unable to express their will and receive the necessary information for this purpose. They represent the person's will. Their testimony prevails over any other testimony. This designation is made in writing and co-signed by the designated person. It can be revised and revoked at any time. If the patient wishes, the trusted person accompanies them in their steps and attends medical interviews to assist them in their decisions. During any hospitalization in a healthcare facility, military hospital, or the National Institution for Veterans, the patient is offered the opportunity to designate a trusted person under the conditions provided for in this article. This designation is valid for the duration of the hospitalization unless the patient decides otherwise. In the context of the follow-up of their patient, the treat-

ing doctor ensures that they are informed of the possibility to designate a trusted person and, if necessary, invites them to proceed with such a designation. When a person is subject to legal protection measures with representation regarding the person, they can designate a trusted person with the authorization of the judge or the family council if it has been established. In the event that the trusted person was designated prior to the guardianship measure, the family council, if applicable, or the judge can confirm or revoke the designation of this person.

