

Patient's Bill of Rights basic legislation

Basic legal acts, containing the rights of the patient:

- Constitution of the Republic of Poland of 2 April 1997.
- Polish Act of 6 November 2009 on Patients' Rights and the Patients' Ombudsman
- Polish Act of 19 August 1994 on Mental Health Protection
- Polish Act of 1 July 2005 on the Collection, Storage and Transplantation of Cells, Tissues and Organs
- Polish Act of 25 June 2015 on the Treatment of Infertility
- Polish Act of 15 July 2011 on the Professions of Nurse and Midwife
- Polish Act of 5 December 1996 on the Profession of a Physician
- Regulation of the Polish Minister of Health of 6 April 2020 on types, scope and specimens of medical records and how they are processed

THE PATIENT HAS THE RIGHT TO:

RECEIVE HEALTH SERVICES CORRESPONDING TO THE REQUIREMENTS OF CURRENT MEDICAL KNOWLEDGE

ACCESS INFORMATION ON THEIR HEALTH CONDITION

REPORT ADVERSE REACTIONS TO MEDICINAL PRODUCTS

HAVE PERSONS PROVIDING HEALTH SERVICES KEEP CONFIDENTIAL INFORMATION RELATED TO THE PATIENT, IN PARTICULAR THEIR MEDICAL CONDITION

TO CONSENT OR REFUSE HEALTH SERVICES

HAVE THEIR INTIMACY AND DIGNITY RESPECTED, ESPECIALLY DURING THE PROVISION OF HEALTH SERVICES

ACCESS MEDICAL RECORDS RELATING TO THEIR HEALTH AND THE HEALTH SERVICES PROVIDED TO THEM

OBJECT TO AN OPINION OR RULING OF A PHYSICIAN

HAVE THEIR PRIVATE AND FAMILY LIFE RESPECTED

PASTORAL CARE

HAVE THEIR VALUABLES STORED

POLISH ACT ON PATIENTS' RIGHTS AND THE PATIENTS' OMBUDSMAN PATIENT'S RIGHT RECEIVE TO HEALTH SERVICES

Article 6.

1. The patient has the right to receive health services that meet the requirements of current medical knowledge.
2. In a situation of limited availability of appropriate health services, the patient has the right to a transparent, objective, medically based procedure for determining the order of access to these services.
3. The patient has the right to demand that while medical services are being provided thereto:
 - 1) the physician consulted another physician or convened a medical consultation;
 - 2) the nurse (midwife) consulted another nurse (midwife).
4. A physician may refuse to convene a medical consultation or consult another physician if they consider the request referred to in paragraph 3 to be unreasonable.
5. The request referred to in paragraph 3 and the refusal referred to in paragraph 4 shall be recorded in medical records.
6. The provisions of paragraphs (4) and (5) shall apply to the nurse (midwife) with regard to consulting another nurse (midwife).

Article 7.

1. A patient has the right to immediately receive healthcare services due to a threat to health or life.
2. In the case of childbirth, the patient has the right to receive health services related to labour.

Article 8.

The patient has the right to healthcare services provided with due diligence by healthcare providers in conditions that meet the professional and sanitary requirements specified in separate regulations. In the provision of health services, medical professionals shall be guided by the principles of professional ethics as defined by the relevant self-governing bodies of the medical profession.

PATIENT'S RIGHT TO INFORMATION

Article 9.

1. The patient has the right to information about their medical condition.
2. The patient, including a minor who is 16 years of age or older, or their legal representative, has the right to obtain from the physician accessible information about the patient's health condition, diagnosis, proposed and possible diagnostic and therapeutic methods, foreseeable consequences of their application or abandonment, results of treatment, and prognosis.
3. The patient or their legal representative shall have the right to consent to the provision of information listed in paragraph 2 to other persons.
4. The patient has the right to demand that the doctor not provide them with the information referred to in paragraph 2.
5. After obtaining the information referred to in paragraph 2, the patient has the right to present their opinion in this regard to the physician.
6. In the case specified in Article 31 (4) of the Polish Act of 5 December 1996 on the Professions of Physician and Dentist (Dz. U. [*Polish Journal of Laws*] of 2022, item 1731, as amended), the patient has the right to demand that the physician provide them with the information referred to in paragraph 2 in the full extent.
7. A minor patient who is under 16 years of age has the right to obtain from the physician the information referred to in paragraph 2, to the extent and form necessary for the proper conduct of the diagnostic or therapeutic process.
8. A patient, including a minor who is 16 years of age or older, or their legal representative, has the right to receive from a nurse, midwife accessible information about their care and nursing procedures.

Article 10.

In the case referred to in Article 38 (1) of the Polish Act of 5 December 1996 on the Profession of Physician and Dentist, the patient, their legal representative or guardian-in-fact has the right to receive information about the physician's intention to withdraw from treating the patient and an indication by this physician of the

possibility of receiving health services from another physician or healthcare provider with sufficient advance notice.

Article 11.

1. The patient has the right to be informed about their rights as defined in this act and in separate regulations, taking into account the limitations on these rights set forth in these regulations. The healthcare provider shall make this information available in writing by posting it in its premises, in a place open to the public.

2. The provision of paragraph 1, second sentence, shall not apply to individual medical practices, individual specialized medical practices, individual practices of nurses, midwives and individual specialized practices of nurses, midwives and individual practices of physiotherapists, which are performed exclusively on call.

3. In the case of a patient unable to move, the information referred to in paragraph 1 shall be made available in such a way that it can be read in the room where the patient is staying.

Article 12.

1. The patient shall have the right to receive information about the type and scope of health services provided by the healthcare provider, including publicly funded preventive health programs implemented thereby. The provisions of Article 11 (1), second sentence, and paragraph 3 shall apply accordingly.

2. A patient who is a person with special needs, as referred to in the Polish Act of 19 July 2019. on Ensuring Accessibility for Persons with Special Needs (Dz. U. of 2022, item 2240), shall have the right to receive the information referred to in paragraph 1 and Articles 9-11 in a manner that they understand, in particular, with the use of means of supporting communication referred to in Article 3 (5) of the Polish Act of 19 August 2011 on Sign Language and Other Means of Communication (Dz. U. of 2023, item 20).

3. In case of a patient who has been implanted with a medical device, the healthcare provider who performed the implantation is obliged to provide, together with the implant card, the information referred to in Article 18 (1) of Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No. 178/2002 and Regulation (EC) No. 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC (OJ EU L 117 of 05.05.2017 as amended), prepared in Polish and in a form that allows quick access to that information.

RIGHT TO REPORT ADVERSE REACTIONS TO MEDICINAL PRODUCTS

Article 12a.

The patient or the patient's legal representative or guardian-in-fact has the right to report to medical professionals, the President of the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products (Urząd Rejestracji Produktów Leczniczych, Wyrobów Medycznych i Produktów Biobójczych) or the entity responsible for placing the medicinal product on the market an adverse reaction to a medicinal product in accordance with the Act of 6 September 2001 - Pharmaceutical Law (Dz. U. [Polish Journal of Laws] of 2022, item 2301, and 2023, items 605 and 650).

PATIENT'S RIGHT TO CONFIDENTIALITY OF INFORMATION RELATED TO THEM

Article 13

The patient has the right to have their information kept confidential by medical professionals, including those providing with healthcare services to the patient, information related to them and obtained in connection with the performance of the medical profession.

Article 14

1. In order to exercise the right referred to in Article 13, medical professionals are obliged to keep confidential information related to the patient, in particular the patient's health condition.

2. The provision of paragraph 1 shall not apply where:

- 1) the provisions of separate laws stipulate so;
- 2) keeping the secret may pose a danger to the life or health of the patient or others;
- 3) the patient or their legal representative consents to the disclosure of the secret;

4) there is a need to provide necessary information about the patient related to the provision of health services to other medical professionals involved in the provision of such services.

2a. repealed.

2b. In the situations referred to in paragraph 2, disclosure of the secret may be made only to the extent necessary. In the situation referred to in paragraph 2 (3), the scope of disclosure of the secret may be determined by the patient or their legal representative.

3. Medical professionals, except in the cases referred to in paragraph 2 (1) - (3) and paragraph 2a, are bound by secrecy even after the death of the patient, unless an immediate family member consents to the disclosure of the secret. An immediate family member consenting to the disclosure of a secret may specify the scope of disclosure as referred to in paragraph 2b.

4. The exemption from secrecy referred to in paragraph 3 shall not apply if the disclosure of the secret is opposed by another immediate family member or opposed by the patient during their life, subject to paragraphs 6 and 7. The objection shall be attached to the patient's medical records.

5. Before expressing the objection referred to in paragraph 4, the patient has the right to obtain information about the consequences of filing an objection.

6. In the event of a dispute between immediate family members over the disclosure of a secret or the extent of its disclosure, consent for disclosure of the secret shall be granted by the court referred to in Article 628 of the Act of 17 November 1964 - Code of Civil Procedure (Dz. U. of 2021, item 1805, as amended), in non-trial proceedings at the request of an immediate family member or medical professional. A medical professional may submit a motion to the court also in case of reasonable doubt whether the person requesting or opposing disclosure of the secret is an immediate family member. The court, when consenting to the disclosure of a secret, may determine the scope of its disclosure, as referred to in paragraph 2b.

7. If the patient objected to the disclosure of the secret referred to in paragraph 4 during their lifetime, the court referred to in Article 628 of the Act of 17 November 1964. - Code of Civil Procedure, in non-trial proceedings at the request of an immediate family member, may consent to the disclosure of the secret and determine the extent of its disclosure, if necessary:

- 1) in order to seek compensation or damages, due to the death of the patient;
- 2) to protect the life or health of an immediate family member.

8. In the event of a request to the court under paragraph 6 or 7, the court shall examine:

- 1) the interests of the participants in the proceedings;
- 2) the actual bond of the immediate family member with the deceased patient;
- 3) the will of the deceased patient;
- 4) the circumstances of the objection.

PATIENT'S RIGHT TO CONSENT TO HEALTHCARE SERVICES

Article 15

The provisions of this chapter shall apply to the consent to or refusal of such consent for the provision of health services, unless otherwise provided by separate laws.

Article 16

The patient has the right to consent to the provision of certain health services or refusal of such consent, after obtaining information to the extent specified in Article 9.

Article 17

1. The patient, including a minor who is 16 years of age or older, has the right to consent to the test or the provision of other healthcare services by a physician.

2. The legal representative of a patient who is a minor, completely incapacitated, or incapable of giving informed consent shall have the right to give the consent referred to in paragraph 1. In the absence of a legal representative, this right, with respect to the medical examination, can be exercised by the guardian-in-fact.

3. A minor patient who has reached the age of 16, an incapacitated person, or a patient who is mentally ill or mentally disabled, but who has sufficient awareness, shall have the right to object to the provision of healthcare,

despite the consent of the legal representative or guardian-in-fact. In this case, permission from the guardianship court is required.

4. The consent and objection referred to in paragraphs 1 through 3 may be expressed either orally or through such behaviour of the persons mentioned in these provisions as to indicate in no uncertain terms their willingness to undergo the activities proposed by the physician or the lack of such willingness.

Article 18

1. In the case of a surgical procedure or the use of a method of treatment or diagnosis that poses an increased risk to the patient, the consent referred to in Article 17 (1), shall be expressed in writing. Article 17 (2) and (3) shall apply to consent and objection.

1a. In case of consenting to a surgical procedure or treatment or diagnostics method posing an increased risk to the patient via an Online Patient Account, as referred to in Article 7a (1) of the Act of 28 April 2011 on the Information System in Healthcare (Dz. U. of 2022, item 1555, 2280 and 2705, and 2023, item 650 and 1234), a documentary form is required.

2. Before giving consent in the manner specified in paragraph 1, the patient has the right to obtain the information referred to in Article 9, paragraph 2.

3. The provisions of Article 17 (2) - (4) shall apply accordingly.

Article 19

The rules for conducting an examination or providing other health services by a physician, paramedic, system nurse, and laboratory diagnostician despite the lack of consent or in the face of the objections referred to in Articles 17 and 18, respectively, are set forth in Articles 33 and 34 (6) of the Act of 5 December 1996 on the Professions of Physician and Dentist, Article 57 of the Act of 1 December 2022 on the Profession of Paramedic and the Self-Government of Paramedics (Dz. U., item 2705 and of 2023, item 1234), Article 12a of the Act of 15 July 2011 on the Profession of Nurse and Midwife (Dz. U. of 2022, items 2702 and 2705, and of 2023, items 185 and 1234), and Articles 23 and 24 of the Act of 15 September 2022, on Laboratory Medicine (Dz. U., item 2280, and of 2023, item 1234).

PATIENT'S RIGHT TO RESPECT FOR THE PATIENT'S INTIMACY AND DIGNITY

Article 20

1. The patient has the right to respect for their intimacy and dignity, especially during the provision of healthcare services.

2. The right to dignity also includes the right to a peaceful and dignified death. A patient in a terminal condition has the right to healthcare services that provide relief from pain and other suffering.

Article 20a.

1. The patient has the right to pain treatment.

2. The healthcare provider is obliged to take measures consisting of determining the severity of pain, treating the pain, and monitoring the effectiveness of that treatment.

Article 21

1. At the patient's request, an immediate family member be present during the provision of healthcare services.

2. A medical professional providing healthcare services to a patient may refuse to have an immediate family member when providing healthcare services, if there is a likelihood of an epidemic threat or for the sake of the patient's health safety. Refusal shall be recorded in the medical record.

Article 22

1. In order to exercise the right referred to in Article 20 (1), a medical professional has a duty to act in a way that respects the patient's intimacy and dignity.

2. Medical professionals, other than those providing healthcare services, shall participate in the provision of such services only when it is necessary due to the type of service. Participation, as well as the presence of others, requires the consent of the patient, and in the case of a minor patient, a patient who is completely incapacitated, or incapable of giving informed consent, the consent of their legal representative, and the medical professional providing the healthcare service.

3. Articles 13 and 14 shall apply to the persons referred to in the second sentence of paragraph 2, respectively.

PATIENT'S RIGHT TO MEDICAL RECORDS

Article 23

1. The patient has the right to access medical records relating to their condition and the healthcare services provided to them.

2. The data contained in the medical records shall be subject to the protection specified in this Act and in separate regulations.

Article 24.

1. In order to exercise the right referred to in Article 23 (1), the healthcare provider is obliged to keep, store, and provide access to medical records in the manner specified in this chapter and in the Act of 28 April 2011 on the Information System in Healthcare, and ensure the protection of the data contained in these records.

2. The following persons and entities shall be authorised to process the data contained in the medical records referred to in Article 25 (1), in order to protect health, provide and manage the provision of healthcare services, maintain the information and communication system in which medical records are processed, and ensure the security of this system:

1) medical professionals;

2) other persons performing auxiliary activities in the provision of healthcare services, as well as activities related to the maintenance of the ICT system in which medical records are processed, and ensuring the security of this system, under the authority of the data controller.

3. Persons referred to in paragraph 2 (2) shall be obliged to maintain the secrecy of information related to the patient obtained in connection with the performance of tasks. These individuals shall be bound by secrecy even after the patient's death.

5. If the healthcare provider has entered into an agreement on entrustment of personal data processing, as referred to in Article 28 (3) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons in connection with the with the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ EU L 119 dated 04.05.2016, p. 1, as amended), hereinafter referred to as "Regulation 2016/679", the implementation of this agreement shall not cause interference with the provision of healthcare services, in particular in terms of providing, without undue delay, access to the data contained in medical records.

6. The entity entrusted with the processing of personal data in connection with the execution of the agreement on entrustment of personal data processing, as referred to in Article 28 (3) of Regulation 2016/679, shall be obliged to keep patient-related information obtained in connection with the implementation of this agreement confidential. The subject is bound by secrecy even after the patient's death.

7. If the entity entrusted with such processing ceases to process personal data contained in medical records, in particular due to its liquidation, it shall be obliged to transfer personal data contained in medical records to the entity referred to in paragraph 1, which entrusted the processing of personal data.

Article 25.

1. Medical records shall include, at a minimum:

1) patient designation, making it possible to determine their identity:

a) first and last name(s),

b) date of birth

c) sex designation,

d) address of residence,

e) PESEL (Personal Id. No.) number, if assigned, in the case of a newborn child – the mother's PESEL number, and in the case of persons who have not been assigned a PESEL number – the type and number of the identity document, if the patient is a minor, fully incapacitated, or incapable of informed consent – the name(s) of the legal representative and the address of their residence;

- 2) designation of the entity providing healthcare services with the indication of the organizational unit where the healthcare services were provided;
- 3) a description of the patient's condition or healthcare services provided;
- 4) date of preparation.

2. The medical records shall include information about the issuance of an opinion or a ruling referred to in Article 31 (1).

2a. Medical records may include information on the amount of public funds due to the healthcare provider for providing these services to the patient to whom the records pertain.

3. The provisions on medical records do not apply to data on the content of emergency calls, including recordings of telephone conversations referred to in Article 24b (1) and (2) of the Act of 8 September 2006 on State Emergency Medical Services.

Article 26.

1. The healthcare provider shall make the medical records available to the patient or their legal representative, or a person authorised by the patient.

2. After a patient's death, medical records shall be made available to the person authorized by the patient during their lifetime or to the person who was the patient's legal representative at the time of the patient's death. Medical records shall also be made available to an immediate family member, unless the release is opposed by another immediate family member or opposed by the patient during their lifetime, subject to paragraphs 2a and 2b.

2a. In the case of a dispute between immediate family members over the release of medical records, consent to disclosure shall be granted by the court referred to in Article 628 of the Act of 17 November 1964. - Code of Civil Procedure, in non-trial proceedings at the request of an immediate family member or medical professional. A medical professional may submit a motion to the court also in case of reasonable doubt whether the person applying to have the documentation disclosed or opposing of the disclosure is an immediate family member.

2b. In the event that the patient objected to the release of medical records during their lifetime, referred to paragraph 2, the court referred to in Article 628 of the Act of 17 November 1964. - Code of Civil Procedure, in non-trial proceedings at the request of an immediate family member, may consent to the release of medical records and determine the extent of said release, if necessary:

- 1) to seek damages or compensation, due to the death of the patient;
- 2) to protect the life or health of an immediate family member.

2c. In the event of a motion to the court under paragraph 2a or 2b, the court shall examine:

- 1) the interests of the participants in the proceedings;
- 2) the actual bond of the immediate family member with the deceased patient;
- 3) the will of the deceased patient;
- 4) the circumstances of the objection.

3. The healthcare provider shall make the medical records available also:

- 1) to entities providing healthcare services, if the documentation is necessary to ensure continuity of healthcare services;
- 2) to public authorities, including the Patients' Ombudsman, the National Health Fund, bodies of the self-government of medical professions, and consultants in healthcare, as well as the Psychiatric Hospital Patients' Ombudsman, to the extent necessary for these entities to carry out their tasks, in particular supervision and control;

2a) to entities referred to in Article 119 (1) and (2) of the Act of 15 April 2011 on Therapeutic Activity (ustawa z dn. 15 kwietnia 2011 r. o działalności leczniczej), to the extent necessary to carry out inspections at the request of the minister competent for health;

2b) to parties authorised by the entity referred to in Article 121 of the Act of 15 April 2011 on Therapeutic Activity, medical professionals, to the extent necessary to supervise a non-business medical entity;

2c) to the Agency for Health Technology Assessment and Tariffication (Agencja Oceny Technologii Medycznych i Taryfikacji), to the extent necessary for it to perform the tasks specified in Article 31n of the Act of 27 August 2004 on Healthcare Services Financed from Public Funds (Dz. U. of 2019, item 1373, as amended);

2d) to the Medical Research Agency to the extent specified in the Act of 21 February 2019 on the Medical Research Agency (Dz. U. item 447 and of 2020, item 567);

3) to the minister competent for health, courts, including disciplinary courts, prosecutors, court physicians and professional responsibility ombudsmen, in connection with the proceedings;

4) to bodies and institutions authorized under separate laws, if the examination was carried out at their request;

5) to pension authorities and disability assessment teams, in connection with the proceedings they are conducting;

6) to entities that maintain records of medical services, to the extent necessary to maintain the records;

7) to insurance companies, with the consent of the patient;

7a) to medical commissions subordinate to the minister competent for internal affairs, military medical commissions, and medical commissions of the Internal Security Agency or the Intelligence Agency, subordinate to the Heads of the respective Agencies;

8) to medical practitioners, in connection with the conduct of the evaluation procedure of the healthcare provider under the provisions on accreditation in healthcare or the procedure for obtaining other quality certificates, to the extent necessary for their conduct;

9) deleted

10) deleted

11) to persons performing inspection activities under Article 39 (1) of the Act of 28 April 2011. on the Healthcare Information System (ustawa z dn. 11 kwietnia 2011 r. o systemie informacji w ochronie zdrowia), to the extent necessary to carry them out;

12) members of hospital infection control teams referred to in Article 14 of the Act of 5 December 2008 on Preventing and Combating Infections and Infectious Diseases in humans (Dz. U. of 2022, item 1657, as amended), to the extent necessary to perform their tasks.

3a. Medical records of medical entities referred to in Article 89 (1) and (3) of the Act of 15 April 2011 on Medical Activity, research institutes referred to in Article 3 of the Act of 30 April 2010 on Research Institutes (Dz. U. of 2022, item 498), and other healthcare providers participating in the preparation of persons for the medical profession and training of medical professionals shall be made available to such persons only to the extent necessary for teaching purposes.

3b. The persons referred to in paragraph 3a are obliged to keep confidential the information contained in in medical records, also after the patient's death.

4. Medical records may also be made available to a university or research institute for use for scientific purposes, without disclosing the name and other identifying information of the person to whom the records pertain.

5. Electronic medical records, as referred to in Article 2 (6) of the Act of 28 April 2011 on the healthcare information system, shall be made available under the rules set forth in the provisions of this Act, the Act of 27 August 2004 on Healthcare Services Financed from public funds and the Act of 6 September 2001 - Pharmaceutical Law.

Article 27.

1. Medical records are made available:

1) for review, including healthcare databases, at the place where healthcare services are provided, excluding emergency medical activities, or at the premises of the healthcare provider, allowing the patient or other authorised bodies or entities to take notes or photographs;

2) by making an extract, excerpt, duplicate, copy, or printout;

3) by issuing the original against receipt and subject to return after use, at the request of public authorities or common courts, and when the delay in the release of the documentation could cause a risk to the patient's life or health;

4) by means of electronic communication;

5) on a digital storage medium.

2. X-rays taken on film, stored by the healthcare provider, shall be made available against receipt and subject to return after use.

3. Medical records maintained in paper form may be made available by making a copy in the form of a digital reproduction (scan) and providing it in the manner specified in paragraph 1, (4) and (5), at the request of the

patient or other authorized bodies or entities, if the organizational regulations of the healthcare provider so provide.

4. The healthcare provider shall maintain a list containing the following information on the medical records provided:

- 1) first (second etc.) and last name of the patient to whom the medical records pertain;
- 2) the method of making medical records available;
- 3) the scope of the medical records provided;
- 4) first (second etc.) and last name of the person other than the patient to whom the medical records were made available, and in the cases referred to in Article 26 (3) and (4), also the name of the authorised body or entity;
- 5) first (second etc.) and last name, and signature of the person to whom the medical records pertain;
- 6) the date of release of medical records.

Article 28.

1. The healthcare provider may charge a fee for providing access to medical records in the manner specified in Article 27 (1) (2) and (5), and 27 (3).

2. The provision of paragraph 1 does not affect the powers of the pension authorities under Article 77 (5) of the Act of 13 October 1998 on the Social Insurance System (Dz. U. of 2023, item 1230) and Article 121 (2) of the Act of 17 December 1998 on the Retirement and Disability Pensions from the Social Insurance Fund (Dz. U. of 2023, item 125).

2a. The fee referred to in paragraph 1 shall not be charged when medical records are made available:

1) to the patient or the patient's legal representative for the first time in the requested scope and manner referred to in Article 27 (1) (2) and (5) and 27 (3);

1a) in connection with the proceedings referred to in Article 17d (1) of the Act of 5 December 2008 on the Prevention and Control of Infections and Infectious Diseases in Humans, conducted by the Patients' Ombudsman;

1b) in connection with the proceedings referred to in Article 51 (1) of the Act of 9 March 2023 on Clinical Trials of Medicinal Products for Human Use (Dz. U. item 605), conducted by the Patients' Ombudsman;

2) (repealed);

3) in connection with the compensation benefit proceedings referred to in Article 67v.

2b. The fee referred to in paragraph 1 shall not be charged when medical records are made available to the Agency for the Evaluation of Medical Technologies and Tariffication and the Agency for Medical Research.

3. The fee for providing access to medical records in the cases referred to in paragraph 1 shall be determined by the healthcare provider.

4. Maximum fee for:

1) one page of an extract or duplicate of medical records - may not exceed 0.002,

2) one page of copy or printout of medical records - may not exceed 0.00007,

3) provision of medical records on a digital data carrier - may not exceed 0.0004

- of the average salary in the previous quarter, announced by the President of the Statistics Poland in the Official Gazette of the Republic of Poland "Monitor Polski" on the basis of Article 20 (2) of the Act of 17 December 1998 on Pensions from the Social Insurance Fund, starting from the first day of the month following the month in which the announcement was made.

5. The amount of the fee referred to in paragraph 4 shall include the tax on goods and services, if under separate regulations, the service is subject to this tax.

Article 29.

1. The healthcare provider shall keep medical records for a period of 20 years, counting from the end of the calendar year in which the last entry was made, except:

1) medical records in case of death of a patient due to bodily injury or poisoning, which shall be kept for a period of 30 years, counting from the end of the calendar year in which the death occurred;

1a) medical records containing data necessary for monitoring the fate of blood and its components, which shall be kept for a period of 30 years, counting from the end of the calendar year in which the last entry was made;

2) X-rays kept outside the patient's medical records, which shall be kept for a period of 10 years, starting from the end of the calendar year in which the X-ray was taken;

- 3) referrals for examinations or physician's orders, which are kept for:
- 5 years, counting from the end of the calendar year in which the healthcare service that is the subject of the physician's referral or order was provided,
 - 2 years, counting from the end of the calendar year in which the referral was issued - if the healthcare service was not provided due to the patient's failure to appear within the established time limit, unless the patient collected the referral;
- 4) medical records of children under the age of 2, which are kept for a period of 22 years.
2. After the expiration of the periods mentioned in paragraph 1, the healthcare provider shall destroy the medical records in a manner that makes it impossible to identify the patient to whom they pertained. Medical records to be destroyed may be released to the patient, the patient's legal representative or a person authorized by the patient.
3. After the expiration of the periods referred to in paragraph 1, for the handling of medical documentation that is archival material within the meaning of the provisions of the Act of 14 July 1983 on the National Archival Resource and Archives (Dz. U. of 2020, item 164), the provisions issued on the basis of Article 5 (2) and (2b) of this Act shall apply.

Article 30.

1. The minister responsible for health, after consultation with the Supreme Medical Council (Naczelna Rada Lekarska), the Supreme Council of Nurses and Midwives (Naczelna Rada Pielęgniarek i Położonych), and the National Council of Laboratory Diagnosticians (Krajowa Rada Diagnostów Laboratoryjnych), will determine, by regulation, the types and scope of medical records, the manner of their processing, and specimens of certain types of medical records, in particular, the specimen of a child's health book, taking into account the types of healthcare providers, as well as the need to ensure the realization of the right of access to medical records, the reliable maintenance of such records, the protection of data and information on the patient's health status, and uniform specimens of medical records that are essential for the prompt and effective provision of healthcare services.

2. The minister responsible for internal affairs, the Minister of Justice, in consultation with the minister responsible for health and after consultation with the Supreme Medical Council, the Supreme Council of Nurses and Midwives, the National Council of Physiotherapists (Krajowa Rada Fizjoterapeutów) and the National Council of Laboratory Diagnosticians, and the Minister of National Defense, in consultation with the minister responsible for health, after consultation with the Medical Council of the Military Medical Board (Rada Lekarska Wojskowej Izby Lekarskiej), each within the scope of its activities, shall determine, by regulation, the types and scope of medical records, the manner of their processing, and the specimens of certain types of medical records, in particular, the specimen of a child's health record book, taking into account the need to ensure the implementation of the right of access to medical records, reliable maintenance of such records, protection of data and information on the patient's health status, and uniform models of medical records relevant to the prompt and effective provision of healthcare services.

Article 30a.

1. In the event of cessation of medical activity, the healthcare provider shall transfer the medical records to the entities referred to in paragraphs 2-4 and 7, in a manner that ensures protection against its destruction, damage or loss and access by unauthorized persons.

2. The medical records of an entity that ceases to perform medical activities are taken over by the entity that took over its tasks.

3. In the absence of the entity referred to in paragraph 2, the storage and provision of medical records after the cessation of health services shall be the responsibility of the entity:

1) the forming entity or supervising entity - in the case of a medical entity which is not an entrepreneur within the meaning of Article 2 (1) (4) of the Act of 15 April 2011 on Therapeutic Activity, or a research institute referred to in Article 3 of the Act of 30 April 2010 on Research Institutes;

2) the healthcare provider with whom the entity discontinuing medical activity has entered into an agreement for the storage of medical records - in the case of a medical entity other than those specified in item 1 and a professional practice within the meaning of Article 5 of the Act of 15 April 2011 on Therapeutic Activity;

- 3) the competent district chamber of physicians or the district chamber of nurses and midwives or the National Chamber of Physiotherapists – in the case of death of a physician or a nurse or a midwife or a physiotherapist, respectively, practicing their profession in the form of professional practice within the meaning of Article 5 of the Act of 15 April 2011 on Therapeutic Activity;
4. In the cases referred to in Article 108 (2) of the Act of 15 April 2011 on medical activity, the body keeping the register of entities performing medical activity shall summon the entity providing healthcare services subject to deletion to indicate, within the prescribed period, the name (company) and address of the entity with which it has entered into a contract for the storage of medical records.
5. In the event of ineffective expiration of the time limit referred to in paragraph 4, the authority in charge of the register of healthcare providers shall determine the treatment of medical records, at the expense of the healthcare provider subject to deletion.
6. The provisions on enforcement proceedings in administration shall apply to the receivables for costs referred to in paragraph 5.
7. If it is not possible to determine the entity responsible for the storage of medical records after the cessation of medical activities, the responsibility for storage of medical records shall rest with the voivode.
8. The provisions of paragraphs 2-7 shall not apply to the medical records referred to in paragraph 9.
9. Medical records referred to in regulations issued pursuant to Article 13a of the Act of 28 April 2011 on the Healthcare Information System, after the cessation of medical activity is stored and made available by the unit subordinate to the minister responsible for health care information systems in the Medical Information System referred to in Article 10 of that Act.
10. repealed
11. Persons who, in connection with the performance of the contract on entrustment of personal data processing referred to in Article 28 (3) of Regulation 2016/679, gained access to information related to the patient, are obliged to keep it confidential, even after the patient's death.
12. If the entity entrusted with such processing ceases to process the personal data contained in the medical records, in particular due to its liquidation, it shall be obliged to transfer the personal data contained in the medical records to the entity referred to in paragraphs 3 and 7, which entrusted the processing of such data.
13. The provisions of Article 13, Article 14, Article 23, Article 24 and Articles 26-29, as well as the provisions issued pursuant to Article 30, shall apply mutatis mutandis to entities that store and provide access to medical records after the cessation of treatment activities by the healthcare provider.

PATIENT'S RIGHT TO OBJECT TO A PHYSICIAN'S OPINION OR RULING

Article 31

1. A patient or their legal representative may object to an opinion or ruling as defined in Article 2 (1) of the Act of 5 December 1996 on the Professions of Physician and Dentist, if the opinion or ruling affects the patient's rights or obligations under the law.
2. The objection shall be filed with the Medical Committee acting under the Ombudsman for Patients' Rights, through the Ombudsman for Patients' Rights, within 30 days from the date of the opinion or ruling of the physician ruling on the patient's condition.
3. The objection requires a statement of reasons, including an indication of the legal provision from which the rights or obligations referred to in paragraph 1 derive.
4. If the requirements of paragraph 3 are not met, the objection shall be returned to the person who filed it.
5. The Medical Commission on the basis of medical records and, if necessary, after examining the patient, issues a ruling immediately, no later than within 30 days from the date of objection.
6. The Medical Commission issues a ruling by an absolute majority in the presence of all its members.
7. The decision of the Medical Commission is not subject to appeal.
8. The provisions of the Code of Administrative Procedure shall not apply to the proceedings before the Medical Commission.
9. The provisions of paragraphs 1-8 do not apply in the case of appeal proceedings with respect to opinions and ruling, regulated by separate legislation.

Article 32

1. The Medical Commission shall be composed of three physicians appointed by the Patients' Ombudsman from the list referred to in paragraph 2, including two of the same specialty as the physician who issued the opinion or ruling referred to in Article 31 (1).
2. National consultants, in consultation with the relevant voivodeship consultants, shall develop once a year by March 30th, a list of physicians in a given field of medicine who may be members of the Medical Commission. The list includes the names of the physicians, their telephone numbers and mailing addresses, as well as e-mail addresses, if they have them.
- 2a. The inclusion of a physician in the list referred to in paragraph 2 requires their prior written consent.
- 2b. A physician may refuse to participate in the Medical Commission for valid reasons. Persistent evasion of service on the Medical Commission results in removal from the list referred to in paragraph 2.
3. The physician is entitled to remuneration for serving on the Medical Commission, which is determined by the Patients' Ombudsman.
- 3a. Members of the Medical Commission are entitled to time off from work on the day of its meeting without the right to remuneration.
4. The costs of the Medical Commission are financed from the state budget, from the part at the disposal of the Patients' Ombudsman.
5. The Minister competent for health, after consultation with the Supreme Medical Council, will determine, by regulation, the manner of operation of the Medical Commission taking into account the effectiveness of the implementation of patient rights.

PATIENT'S RIGHT TO HAVE THEIR PRIVATE AND FAMILY LIFE RESPECTED

Article 33

1. A patient of a medical entity providing inpatient and round-the-clock healthcare services as defined in the regulations on therapeutic activity has the right to contact others in person, by telephone or by correspondence.
2. The patient has the right to refuse contact with the persons listed in paragraph 1.

Article 34

1. The patient is entitled to additional nursing care.
2. The additional nursing care referred to in paragraph 1 shall be understood as care that does not consist of the provision of healthcare services, including care provided to a patient who is a minor or has a severe disability certificate, and to a patient under conditions of pregnancy, childbirth and puerperium.
3. Additional nursing care provided to a patient who is a minor or has a severe disability certificate, in a medical facility referred to in Article 33 (1), shall also be understood as the right of the legal representative or guardian-in-fact to stay with the patient.

Article 35

1. The patient shall bear the costs of exercising the rights referred to in Articles 33 (1) and 34 (1) if the exercise of such rights results in costs incurred by the medical entity performing inpatient and round-the-clock health care services within the meaning of the regulations on medical activity.
2. The amount of the fee compensating for the costs referred to in paragraph 1 shall be determined by the head of the entity, taking into account the actual costs of exercising the rights referred to in Articles 33 (1) and 34 (1).
3. Information on the amount of the fee referred to in paragraph 2, and how it is determined, as well as about the rights under paragraph 4, shall be public and made available on the premises of the entity's treatment facility referred to in paragraph 1.
4. The provision of paragraph (1) shall not apply in the case of additional nursing care referred to in Article 34 (3).

PATIENT'S RIGHT TO PASTORAL CARE

Article 36

A patient residing in a medical facility providing inpatient and round-the-clock healthcare services, as defined in the regulations on medical activity, is entitled to pastoral care.

Article 37

In a situation of deterioration of health or threat to life, the entity referred to in Article 33 (1) is obliged to allow the patient to contact a clergyman of their religion.

Article 38

The medical entity shall bear the costs of enforcing the patient's rights referred to in Articles 36 and 37, unless separate regulations provide otherwise.

PATIENT'S RIGHT TO KEEP VALUABLES ON DEPOSIT

Article 39

A patient staying in a medical entity providing inpatient and round-the-clock healthcare services, as defined in the regulations on medical activity, has the right to keep valuables on deposit. The cost of exercising this right shall be borne by the entity, unless otherwise provided by separate regulations.

Article 40

The minister responsible for health shall define, by way of a regulation:

- 1) the scope of the inventory of items to be deposited,
- 2) the method of securing the items placed in deposit,
- 3) the manner and conditions for keeping and storing the deposit book – accounting for ensuring the proper implementation of the patient's right referred to in Article 39.

PATIENTS' OMBUDSMAN
TELEPHONE PATIENT INFORMATION

Office of the Patients' Ombudsman

ul. Płocka 11/13
01-231 Warszawa, Poland

Telephone Patient Information:

0 800 - 190 - 590

open round-the-clock

(for landline and mobile)

TPI-Telephone Patient Information - one common free-of-charge telephone number for the **National Health Fund** and the **Office of the Patients' Ombudsman**. The information line is staffed by both employees of the Fund's voivodeship branches and the Office of the Patients' Ombudsman. In order to guarantee quality service to patients, the calls are recorded.

By calling the Telephone Patient Information, you can find out, among other things: how to obtain an EKUZ card, what rights an insured person has, where the nearest hospital is located, how to report a violation of patient rights, what formalities you need to complete to benefit from spa treatment.

The Internet Patient Account (IKP) - is a free application from the Ministry of Health, available at <https://pacjent.gov.pl/internetowe-konto-pacjenta>, where you can check health information of yourself, your children, or a person who authorised it.

To log in, you need a trusted profile or an ID card with an electronic layer (e-card).

The IKP shall include:

- e-prescriptions issued, filled, as well as partially filled
- dosage of the drug prescribed to you by your physician
- information about drugs (you can check every drug allowed for use in Poland)
- list of free drugs for people aged 65+ and minors
- the history of your visits to the clinic/physician, both under the National Health Fund and privately
- e-referrals (e.g., to a specialist, for tests, to a spa)
- e-communication and medical certificates issued in connection with sickness and maternity
- Your vaccinations
- Your individual medical care plan (IPOM)
- electronic medical records (EDM)
- Your medical devices reimbursed by the National Health Fund and e-orders for them
- documents and medical history of an immediate family member who authorized you to do so - as well as your child under 18 years of age
- information about who and when enrolled you in health insurance, the amount of premiums paid or the date of registration of the last contribution
- information on how much the National Health Fund paid for the services.

PROCEDURE FOR FILING COMPLAINTS AND REQUESTS

COMPLAINTS, APPLICATIONS AND GRIEVANCES:

Patients may submit all letters in person at the various Departments after booking a visit by telephone at: (58) 58 58 800, by e-mail at: invicta@invicta.pl or in writing.

Office of the Invicta Management Board
ul. Polna 64, 81-740 Sopot, Poland

Pomerania Branch (Gdańsk, Słupsk): Branch Head
ul. Rajska 10, 80-850 Gdańsk, Poland, ul. Leszczynowa 16/1, 76-200 Słupsk, Poland

Gdynia Branch: Branch Coordinator
ul. Władysława IV 50/3, 81-384 Gdynia, Poland

Warsaw Branch Branch Head
ul. Złota 6, 00-019 Warszawa, Poland

Wrocław Branch Branch Head
ul. Grabiszyńska 186/1B, 53-235 Wrocław, Poland

Bydgoszcz Branch: Branch Coordinator
ul. Jagiellońska 109, 85-024 Bydgoszcz, Poland

INFORMATION FROM THE PERSONAL DATA CONTROLLER

With the information necessary in the case of collection of personal data by Kliniki i Laboratoria Medyczne Invicta, acting as the Controller of Patients' personal data, in accordance with Article 13 of the Regulation of the European Parliament and of the Council (EU) 2016/679 of April 27, 2016 on the protection of natural persons in connection with the processing of personal data and on the free flow of such data and repealing Directive 95/46/EC (GDPR, General Data Protection Regulation) can be consulted on the website klinikainvicta.pl, under "GDPR POLICY".