

Designate Your person of trust

Loi n° 2002-303 du 4 mars 2002 relative aux droits des malades et à la qualité du système de santé



During your stay at the Hospital Center, you can appoint a person of trust, freely chosen by you and whom you trust, to accompany you throughout the care and decisions to be made.

This «Trusted Person» can, if you request it, attend the medical interviews and help you to formulate your wishes.

What are the missions of the person of trust ?

When you can express your will, she can:

- Support your efforts in the health facility and help you in your decisions regarding your health.
- Attend consultations or medical interviews to help you make decisions. She assists you but does not replace you!
- She has the duty of confidentiality regarding the medical information she may have received and can not disclose it to other people without your permission.

If you can no longer express your will:

- The person of trust will be consulted first and foremost by the medical team during any questioning about the implementation, continuation or discontinuation of treatment and will receive the necessary information to express what you would have liked.
- She will be your spokesperson to reflect accurately and faithfully your wishes and your will for example for the continuation, the limitation or the cessation of treatment.
- If you have written your advance directives, she will forward them to your doctor or she will inform the person who holds them.
- She will not be responsible for making decisions about your treatments but will testify to your wishes, wishes and beliefs. The decision is made by the doctor after consultation with another doctor and consultation with the care team

Who can name it?

Anyone of age can do it. It's a right that's offered to you, but it's not an obligation. You are free not to appoint a person you trust.

Who can be «The Person of Trust»?

The person of trust is a major person with whom you have existing bonds of trust before your hospitalization: this person must know you well (your values, your convictions, your personal situation ...)

So the person you trust can be a loved one or your doctor.

How to designate it?

- You can use this form attached to the front. This one will be inserted in your medical file.
- You can do it on free paper, dated signed, specifying its names, first names, contact information so that it can be reached by the establishment. The person of confidence should, as far as possible, co-sign the document designating it.
- If you have difficulty writing, you can ask two people to certify in writing that this designation is yours.

This appointment is valid for the duration of the hospitalization and later if you wish.

It is revocable at any time. All you have to do is notify the caregiver and, if necessary, appoint a new, trusted person.

Attention :

The person of trust is not necessarily the person to be notified if something happens to you or if you die. Its mission only concerns your health

How to make this document known?

- When you are admitted to the hospital, it is important for health professionals to be informed that you have chosen your trusted person and have their contact information in your file. Your document will be integrated in the medical file.
- You can also keep the document on you.

Nomination form for the person of trust (for a hospitalized adult)

loi du 4 mars 2002 relative aux droits des malades et à la qualité du système de santé

This form :
Is valid throughout the duration of the hospitalization
Is not an obligation
Is revocable at any time

I undersigned (*maiden name, married name*)

Birthdate : / /

Address :

Telephone N° :

Declares having been informed of the desirability of appointing a person of trust and

Do not want to designate a person of trust

Desire to designate a person of trust

Name, Surname :

Adresse :

Telephone N° :

Bond (family, friend, GP...) :

To assist me in case of need **as a person of trust**

For the duration of my stay at Centre Hospitalier Techer de Calais

Until I decide otherwise

I have noted that Ms, Mr :

- May be consulted by the hospital team in case I can not express my willingness to care and receive the necessary information to do so. In these circumstances, except in case of emergency or unable to reach it, no intervention can be carried out without prior consultation.
- That at my request, she will accompany me in my steps in the hospital and will be able to attend the medical interviews, this in order to help me in my choices concerning my health
- Will not receive information that I consider confidential and that I have indicated to the doctor

I commit myself to inform the person of trust that I have designated and to inform him:

From his role as a person of trust

That his name and contact information will be in my patient record

I gave a copy of my advance directives to my person of trust :

YES NO

I can end this decision at any time and by any means.

Made in :

The :

Sign :

Designated Person Agreement

I undersigned,

Give my consent to assist Mrs, Mr,

As a person of trust for the duration
of his hospitalization

made in :

The :

Sign :