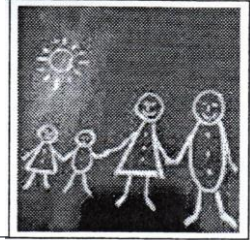




Veneto Region - S. Bortolo Hospital – Local Health Unit 8 Vicenza
 Maternal and Child Department
Complex Operating Unit of Gynecology and Obstetrics
via Rodolfi 37 - 36100 Vicenza
 Director: Dr. M. Scollo



INFORMATION PROVIDED BY PATIENT

I, the undersigned born on
 Declare to be entitled to:

- Respect for my person and dignity
- A complete and understandable information related to my health status
- A comprehensive and understandable information about diagnostic and therapeutic procedures
- To express and have respected my choices as regards my culture, values, religious faith, perspectives on future life qualities
- Protection of confidentiality of my health information

In full possession of my mental faculties, I declare the following:

1. WISH DO NOT WISH

To be fully and comprehensibly informed about my health and the necessary diagnostic and therapeutic procedures, even if this information might be unpleasant or predict an unfortunate event.

2. In addition, I wish that any information regarding my health be communicated to:

- Only to me
- To me and to.....
- Only to.....

Date

Signature