



MINISTRY OF HEALTH
OF THE CZECH REPUBLIC



PATIENT GUIDE

PATIENT SAFETY IMPROVEMENT MANUAL

www.mzcr.cz



MINISTRY OF HEALTH
OF THE CZECH REPUBLIC



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of the Czech Republic

Dear Fellow Citizens,

You are holding in your hands the third edition of a publication entitled the Patient Guide. Similarly to the preceding editions, the main aim of this edition is to inform you on how you can become effective partners of the healthcare professionals in the healthcare services you receive.

Important information and advice has been updated, while brand new chapters have been added.

You will find inside new information about the Patient Ombudsman, a position established directly at the Ministry of Health of the Czech Republic, about the rights of persons with disabilities, about the specifics of home care and nursing services, about how you can use online questionnaires to show your satisfaction with the care provided by your GP and out-patient specialist, about what to do if you decide to donate bone marrow, and many other useful tips, including information on the financing of Czech healthcare.

You can also use the hardcopy of the brochure to make notes of what healthcare professionals tell you and of information about yourself (e.g. your medications, medical history etc.)

I am sure the Patient Guide will not only help you stay abreast of the situation during contact with healthcare services, but will also guide you through your daily care about your health.

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GLOSSARY

Acute care – A type of healthcare where the patient is treated for an urgent disease or injury – usually for a short period – to avoid serious deterioration of health or reduce the risk of serious deterioration of health (Section 5 (1) b) of Act 372/2011, on health services and conditions of their provision, as amended).

Adverse events (AE) – Are events or circumstances that resulted, or could have resulted, in a patient's bodily injury, and which could have been avoided. Cases of only psychological or socioeconomic damage caused to the patient, as well as cases of damage caused to a healthcare provider or a healthcare provider's worker are also considered to be adverse events. The unexpected deterioration of a patient's health resulting in permanent damage to the patient or in his/her death is also considered to be an adverse event. Furthermore, adverse events are such events or circumstances that resulted, or could have resulted, in a patient's bodily injury, while it is not yet known whether they could have been avoided.

Close person – According to the Civil Code, a close person is in particular a direct relative, husband or wife or registered partner, a sibling, as well as another family member or similar person who would reasonably feel any harm done to the other person as harm done to themselves.

Continual quality improvement – A management approach including continual efforts to improve processes in the delivery of healthcare services in line with patients' needs.

Education – The process of education and training.

External evaluation of quality and safety of healthcare services – The process to assess, using predetermined evaluation standards, the level of quality and safety of healthcare services; evaluation is conducted by an independent body (a natural person or legal entity) different from the healthcare provider licensed to deliver such services (Section 98 (3) of Act 372/2011, on health services and conditions of their provision, as amended).

Health facility – Premises where healthcare services are rendered.

Health Promoting Hospitals (HPH) – A programme of the World Health Organisation motivating hospitals to focus more on health promotion and prevention of diseases rather than only on diagnostic and therapeutic services.

Health services – Healthcare rendered by healthcare professionals, consulting services to assess therapy, the handling of the deceased, Emergency Rescue Service, the medical transportation service, urgent patient transportation, collection or transfusion health services and/or specific health services according to Act 373/2011, on specific health services, as amended (Section 2 of Act 372/2011, on health services and conditions of their provision, as amended).

Healthcare – A set of activities and measures performed on natural persons to prevent, reveal and remove diseases, disorders or conditions, to maintain, restore or improve health and functional conditions, to maintain and prolong life and alleviate suffering, to assist with reproduction and birth, to assess conditions, and preventive, diagnostic, therapeutic, therapeutic rehabilitation, nursing or other medical care, procedures performed by healthcare professionals.

Healthcare provider – A natural person or legal entity licensed to render healthcare services according to Act 372/2011, on health services and conditions of their provision, as amended.

Healthcare quality – The level of delivery of healthcare services.

Homecare – Healthcare delivered in the patient’s own social environment (Act 372/2011, on health services and conditions of their provision). The patient’s own social environment means the patient’s home or a place substituting the patient’s own home (e.g., a facility rendering social services). Such healthcare includes visits and homecare consisting of nursing care, therapeutic and rehabilitation care, or palliative care.

Hospital-acquired infection (HAI) – A hospital-acquired infection is a contagious infectious disease that was acquired by a patient in connection with healthcare services rendered. Any infection that, because of its incubation period, only manifests itself after the patient is discharged from a health facility or is transferred to another health facility, is considered to be a hospital-acquired infection.

IHIS CR – Institute of Health Information and Statistics of the Czech Republic.

Indicator – An indicator of quality of services rendered.

Internal audit – An internal process of audit during which the healthcare provider’s independent body assesses the quality of services rendered by the provider. Under Section 47 (3) b) of Act 372/2011, the healthcare provider is also obliged to have in place an internal quality and safety evaluation system to ensure the quality and safety of rendered healthcare services. “Minimum standards” have been prepared to implement the system and are published in the Ministry of Health of the Czech Republic Bulletin 16/2015.

Long-term care – Healthcare delivered to chronically ill persons, to seniors who are reliant on care, or to disabled persons in a healthcare provider’s health facility or in the patient’s own social environment; these persons are not in an acute stage of disease and so such care is delivered in, for example, nursing homes.

Nursing service – Is a field or out-patient service rendered to persons with decreased self-sufficiency due to age, chronic disease or disability, and to families with children who need – because of their situation – help from another natural person. The service provides the following basic activities, within a defined time, in persons’ households and in social service facilities: assistance with usual self-care, assistance in personal hygiene or providing for conditions for personal hygiene, providing for food or assistance in delivery of food, assistance in housekeeping, and mediating contact with the community.

Patient awareness – An expression closely related to the patient’s right to be informed, or the healthcare provider’s duty to inform the patient, about his/her health (Section 31 of Act 372/2011, on health services and conditions of their provision, as amended); in particular, the information the patient needs to decide whether he/she agrees with a diagnostic or therapeutic procedure in advance.

Prevention – Measures to prevent an undesirable occurrence, e.g., a disease.

Primary care – Coordinated complex health and social care delivered, in particular, by healthcare professionals at the level of the person's first contact with the healthcare system, as well as based on a long-term continual approach to individuals; it is a set of activities associated with health promotion, prevention, examination, treatment, rehabilitation and the nursing service; the activities are rendered as close as possible to the patient's social environment, respecting his/her biological, psychological and social needs; primary care includes GPs, GPs for children and youth, out-patient dentists, out-patient gynaecologists, and homecare agencies.

Prognosis – A forecast or estimate of a patient's health according to available information.

Quality and Safety Certificate – Issued in line with Section 105 of Act 372/2011, on health services and conditions of their provision, as amended, to confirm that a health facility is competent to render high-quality and safe healthcare and that it has in place a functioning and effective system to assess performance and continually improve healthcare quality and patient safety.

Screening – A method to identify early forms of diseases or deviations from a standard in a given population, conducted through tests.

Social service – An activity or a set of activities (according to Act 108/2006, on social services) providing for assistance and support to persons to facilitate their social inclusion or prevent their social exclusion. Every person is entitled to receive free basic social consultancy on how to resolve or prevent an adverse social situation. An adverse social situation is understood as a weakening or loss of ability due to age, poor health, social crisis, as well as living habits and a way of life resulting in a conflict with society, a socially disadvantaged environment, rights and interests endangered by another person's criminal actions, or other serious reasons.

Social services in healthcare institutions – Social services (according to Act 108/2006, on social services) delivered to persons who no longer need healthcare in an institution, but who cannot, due to their health, cope without another natural person's help, and hence cannot be discharged from a healthcare institution until help from their close persons or other natural persons, or field or out-patient social services, is secured for them, or until they are placed in a social service institution. The services include the following basic activities: providing accommodation, providing food, assistance in personal hygiene or providing conditions for personal hygiene, assistance with usual self-care, mediating contact with the community, social therapeutic activities, motivational activities, assistance in enforcing rights and justified interests, and managing personal affairs.

Standard – A recommended procedure expressing the required level of care.

WHO – World Health Organization.

01/

**WHAT IN FACT IS
THE PATIENT'S SAFETY?**



Do you feel safe at a health facility? If not, go directly to the second question: “Can I influence this somehow?” The correct answer is: “Yes, I can significantly influence this!”

Safety is a feeling we have when we are in a familiar environment, where no danger is present, and where others understand and support us.

Mostly, we are not in a very good mood at a health facility. We are sick, have problems, something hurts and we are worried. Often, we ourselves can do something so that healthcare professionals’ help is really effective and safe: by being

- well informed,
- by knowing what is happening to us,
- by knowing the decisions we can make and by understanding what we are deciding about,
- by checking ourselves what we can, and what we know how to, check.

Foreign study:

Patients suffer harm in as many as 10 % of hospitalisations!

02/

**TEN PRINCIPLES
FOR PATIENT SAFETY**



1. IDENTIFICATION

Healthcare professionals always try to render the best care for a particular person. Still, confusion can occur. This risk can be avoided by using so-called ID bracelets, marking places to be operated on directly on the patient's body before surgery, and through other safety measures. If the patient is conscious, he/she should check whether or not the particular procedure (e.g., drug administration, examination) is really intended for him/her.

Keep stating who you are whenever you are unsure whether you have been correctly identified – when a medication is administered to you, a prescription is prepared, when you are examined, in fact during any procedure. Before general anaesthesia ask for assurance that the staff know who you are and what operation is actually involved. Ask how exactly confusion is prevented at your hospital. Be cautious in particular when you receive care from a person who does not know you. If you have an allergy to medications or food, repeat this information to healthcare professionals and inquire whether this is in your medical record.

Warning! If you are given a different medication than that you usually take, ask whether your physician has changed the prescription. You are not only entitled to this information, but you can also prevent unintended confusion of drugs.



2. KNOW YOUR MEDICAL CONDITION

Healthcare professionals will ask about your health, i.e., what diseases, operations or examinations you have had in the past, what diseases occur in your family, whether a close relative of yours (e.g., parents, siblings, grand-parents) had or has, e.g., cancer, high blood pressure, a heart attack or stroke.

You should always have answers to those questions prepared; you can make notes on p. 24.

3. WARN WHENEVER NECESSARY

Report any change and any discomfort; do not be afraid to ask for help. If you have any limitation or problem that healthcare professionals should know about, actively inform them (e.g., allergy, pain, fainting, sight disorder, hearing disorder, diet restriction, pacemaker, etc.)

4. FOLLOW THE RULES

Health professionals' main objective is your recovery. All their activities are conducted and recommendations given for you to feel safe at the health facility and be spared from external disturbances. That is why rules have been prepared and should be followed.

Rules are posted on visible places in departments or outpatient office waiting rooms.

If you cannot find the rules, i.e., operating or internal rules, ask the staff for them. Rules are usually made available upon admission to hospital, and patients sign an agreement to follow them. Rules regulate e.g., visiting hours, smoking, specific restrictions or recommendations. If you have any individual requirements, consult the staff. However, certain rules, such as patience when waiting in an outpatient office, or timeliness, cannot be modified.



5. ASK

It is never good to be silent! Do not be afraid to ask - it is your health at stake! You are entitled to receive comprehensible information. You can also help by reminding the healthcare professionals in case they forget anything.

Ask whenever you do not understand anything; in particular, if you are to make a decision on surgery or a difficult procedure. You are entitled to a second opinion. Do not be afraid to ask for it (see also “What rights do you have?” p. 18).

6. EDUCATE YOURSELF

Many health organisations (e.g., medical societies or organisations of nurses) also publish texts for patients in addition to their technical publications. There are many printed leaflets and brochures that describe diseases or contain information about treatment. Ask your physician what literature or another source of information he/she would recommend to you. Patient associations (see “Important Contacts”, p. 66) also deal intensively with patient education. Such information can also be found on the Ministry of Health of the Czech Republic (“MoHCR”) website, where you can also find lots of data and links to health institutions: www.mzcr.cz.

Warning! Not all information you find on the internet is scientifically based and up to date.

Seek information about all the aspects of your health, even when you are healthy. You can find many pieces of information helping you to prevent diseases or complications. It is in your best interest to study available sources about your illness. This will help you make better decisions and understand the healthcare professionals better and in turn help you better enforce your rights and comply with your obligations.



7. HYGIENE

Hygiene plays an especially crucial role at a health facility, because hospital-acquired infections are very frequent complications in healthcare delivery. This involves not only perfect hand hygiene, but also e.g., the changing of gloves, pads on examination beds, bed clothes, or single-use medical material handling.

Watch out whether the staff members attending you wash and disinfect their hands whenever they touch you, whether they put on new pairs of gloves for a new patient (e.g., to administer infusion, take biological material, etc.) If they do not, do not be afraid to draw their attention to this. You yourself should also carefully observe hygiene rules. Take showers (if your health permits) and wash your hands frequently.

For more information see: [Hygiene and infection in a hospital, p. 50.](#)

Warning! Always only place infectious waste into designated bins, because wastepaper baskets in patient rooms are only intended for normal municipal waste.

8. TAKE NOTES

Patients often do not remember everything important when speaking with a physician. Especially patients with an extensive medical history can have problems remembering everything, such as prior illnesses, the dates of procedures and their various medications.

It is a good idea to take notes of what you want to tell your physician beforehand. Also take notes when speaking to your physician and medical staff, in particular when they are informing you what to do, where to go for an examination, what you should and should not eat, etc. Forms to be filled in can be found on pp. 23-24.

9. HAVE SOMEONE ACCOMPANY YOU

A patient often feels better if he/she is accompanied by a person he/she trusts, a relative or close person.

You have the right for the person accompanying you to be present at all procedures, except for those where his/her health could be at risk or where hygiene requirements do not permit (e.g., X-ray, operating theatre, etc.) The person appointed by you may also accompany you to the physician's office and speak to your physician instead of you or together with you.

10. DO NOT BE AFRAID

It is sometimes difficult to ask questions, and it is sometimes difficult to share some information. If the patient approaches the health services in an active way, he/she helps both him/herself and the healthcare professionals. Nothing is more valuable than human health and therefore it is good to ask questions, and seek and check information.

Do not be afraid to ask a staff member whenever you need anything. Immediately report any worsening of a condition. It is important that the physician knows all the medications you take, including "self-prescribed" ones, or if you stopped taking something in the past because of adverse effects. Do not be afraid to also share the kind of information you might not enjoy sharing. You should realise that your physician is not your judge. If you withhold any bad habits, which affect your health, such as smoking, alcohol drinking, etc., the physician cannot properly set up an examination or therapeutic regimen for you. The physician works with and uses the information you share with him/her; do not forget that you cannot build a good house based on incomplete plans.

03/

WHAT RIGHTS DO YOU HAVE?



THE RIGHT TO CHOOSE YOUR HEALTHCARE PROVIDER (HEALTH FACILITY) AND TO CHOOSE A MEDICAL TRANSPORTATION SERVICE

This subject is described in detail in “Your Registering Physician”, “Your Hospital” and “Discharge from Hospital”. These rights of yours are based on applicable laws, which you can find e.g., at www.mzcr.cz.

[Act 372/2011, on health services and conditions of their provision, as amended](#), and [Act 48/1997, on public health insurance, as amended](#).

THE RIGHT TO INFORMATION ABOUT YOUR HEALTH

Your physician is obliged to tell you all about your health. He/she is obliged to give you – in a way you can understand – information about your examination results, therapeutic options and the prognosis of your disease (how your disease will probably develop). You have the right to appoint a person(s) who may be informed about your health at admission for healthcare or thereafter. You can change the appointed person(s) at any time. The names of the persons appointed by you will be included in your medical record.

[Healthcare professionals have the duty of confidentiality by virtue of law](#). That means they can give the information about your health only to you, to the persons appointed by you and to the persons listed in [Act 372/2011, on health services and conditions of their provision, as amended](#).

If information is given over the phone, the persons' identity can be verified through a password or code. In such a case you will receive a numerical code upon your admission to hospital, and it is up to you who you disclose it to. The information will be given to a person who gives the code. The calling party's identity can also be verified through so-called control questions. The form of identity verification used for persons receiving information depends on the healthcare provider.

THE RIGHT TO DISALLOW INFORMATION ABOUT YOUR HEALTH TO BE GIVEN TO ANYBODY

You can also disallow information about your health to be given to any person(s) upon admission to healthcare or thereafter. This prohibition will be included in your medical record and can be revoked at any time.

However, this prohibition does not apply to persons who are entitled to review medical records under the conditions stipulated by law.

THE RIGHT TO GIVE YOUR CONSENT TO HEALTHCARE DELIVERY

This is regulated by Act 372/2011, on health services and conditions of their provision, as amended, and Act 48/1997, on public health insurance, as amended.

You can receive healthcare only if you agree with it. Healthcare can be delivered to you without your consent only in the cases stipulated by law, e.g., emergency care when the patient's condition does not allow him/her to consent, or therapy directed on the grounds of an infectious disease to protect others.

More information about an obligation to undergo therapy of an infectious disease to protect others can be found in Act 258/2000, on protection of public health and amending certain related acts, as amended, which is available at www.mzcr.cz.

THE RIGHT TO REFUSE THERAPY

This basic right of the patient is logical, because who else but you should decide about your body. Remember this whenever you are to undergo a medical procedure and make sure you have sufficient information to make your decision calmly and freely. Similarly to the preceding cases, exceptions exist, when the patient cannot or is not able to refuse, e.g., a serious condition involving unconsciousness.

THE RIGHT TO A MEDICAL RECORD

Every healthcare provider is obliged to keep and maintain medical records of its patients, either in paper form or in electronic form or a combination of both.

Medical records have many functions – they comprehensively describe what happened to you and when, what medications you were administered, what adverse events you had (see “Glossary”, p. 7), etc. Only authorised persons can make medical records, and only within the scope of their competencies (i.e., a nurse can write down only certain information in your medical record, while your attending physician has much broader competencies).

Your medical record is a necessary part of the care you receive. Medical records should meet certain requirements, such as being comprehensive, comprehensible and, above all, legible.

[Did you know you have the right to know all the information in your medical record?](#)

THE RIGHT TO REVIEW YOUR MEDICAL RECORD

In addition to the healthcare professionals’ duty to let you review your medical record (in the presence of the healthcare provider’s employee), you can also ask for an excerpt from, or copy of, your record. The price list for this should be available and the prices should not be excessive. Read it before you make a written request for a copy or excerpt. The healthcare provider will prepare the copy or excerpt within 30 days.

In addition to you, your record may also be reviewed by [the person you have appointed to receive information about your health and by persons who are expressly appointed by virtue of law](#).

In the case of minors or people without legal capacity, their legal guardians (parent, guardian) have this right. The medical record of a deceased patient may be reviewed by the patient’s close persons or by the persons the patient had appointed when alive to receive information about his/her health.

THE RIGHT TO CHOOSE A HEALTH INSURER

The health insurer to whom you pay a monthly premium for your health insurance buys healthcare services for you from healthcare providers that are the insurer’s contractual partners. These healthcare providers then charge the health insurer you have chosen for the care delivered to you. The health insurer also pays all healthcare providers (also to non-contractual ones) for necessary and urgent care delivered to patients whose life and health were at risk. If you are dissatisfied with your health insurer’s services, you can change your insurer as of 1 January or 1 July; a twelve-month interval between changes must be complied with.

Read Act 48/1997, on public health insurance, as amended, for more information.

THE RIGHT TO CHANGE YOUR PHYSICIAN

You have the right to change the physician you are registered with. You can do so once every 3 months (see “Your Registering Physician”, p. 27 for more information).

THE RIGHT TO RECEIVE FREE HEALTHCARE SERVICES

Act 48/1997, on public health insurance, as amended, stipulates cases when a patient is entitled to healthcare services without direct payment.

You can receive free healthcare only if the healthcare provider you have chosen has a contract with your health insurer. This also depends what procedures are covered by the contract. If your physician demands a fee from you, you should always ask beforehand what the fee is for and whether or not the procedure or service you ask for is covered by your health insurance.

The healthcare provider is obliged by law:

- To inform you about the price of delivered health services not covered or only partially covered by public health insurance, before such services are delivered, and to give you a receipt for any health services you pay for, unless another regulation stipulates otherwise,
- To prepare a list of prices of health services not covered or only partially covered by public health insurance, and to display this in such a way that the list is available to you; this does not apply to providers of pharmaceutical care.

PATIENT OMBUDSMAN

The patient ombudsman can be found in many hospitals. The position of [patient ombudsman](#) was also established by the minister of health at the Ministry of Health of the Czech Republic in 2015. The roles of patient ombudsmen at all levels is to be an advisor and guide for patients if they are not sure what rights they have, and to help them or their close persons if they suspect their rights have been violated. Any comments you make are used by hospitals and by the Ministry as important feedback to improve their work. [Contact details for the Ministry of Health Patient Ombudsman can be found in “Important Contacts”, p. 76.](#)

THE RIGHT TO COMPLAIN

If you are not satisfied with the healthcare you receive, you can complain to the respective healthcare provider (e.g., to the hospital director or directly to the physician - e.g., your GP or out-patient physician). If you are not satisfied with the way your complaint was dealt with, you can contact the local regional authority. You can also complain about a particular physician, dentist or pharmacist to the Czech Medical Chamber, Czech Dental Chamber, or Czech Chamber of Pharmacists, or you can contact your health insurer.

If you think all the preceding steps were not sufficient, you can initiate a civil action. Most healthcare providers post their complaint procedures on their websites. Complaints can be filed on a patient's behalf by a person appointed by the patient. If the patient dies, the right to complain passes to his/her close persons.

THE RIGHT TO A SECOND OPINION

Even if you trust your physician, you can seek another physician's opinion under certain situations (e.g., a serious disease, when major surgery is planned, etc.) It is your statutory right to receive another physician's opinion – the so-called second opinion¹.

¹ Act 372/2011, on health services and conditions of their provision, as amended (section 28 (3))

You also have the same right in the case of care delivered by other health professionals, such as physiotherapists, clinical psychologists, or nurses.

This does not apply for urgent care or to persons in custody, who are imprisoned or in security detention.

WHAT RIGHTS DO YOU HAVE IF YOU HAVE A DISABILITY?

- The same rights non-disabled persons have - see the preceding chapter,
- The right to respect, decent treatment, consideration and respect for your privacy,
- The right to have a close person or a person you appoint with you,
 - If your legal capacity is limited or if you are underage, you can demand that healthcare is delivered to you in the absence of your close person, if that person abuses, misuses or neglects you,
- If you are blind, deaf or have any other sensory disorder, you can choose the communication method you prefer. You have the right to receive information about your health and further therapy in a comprehensible and clear way, always upon admission to care and then at any change to it. If your legal capacity is limited or if you are underage, you still have the right to ask questions and your (legal) guardian also has this right:
 - The physician and health professionals are obliged to respect your communication method and to use it to communicate with you; always ensure you know what therapy was delivered to you and what therapy is planned next,
 - If you use a guide dog or an assistance dog because of your disability, you can demand to have your dog with you; it is always necessary, however, to respect the internal rules and limitations of the facility.

In general, it is important to communicate both with physicians and other healthcare professionals, and to inform them as soon as possible about any problems you might have.

HEALTHCARE PROFESSIONALS' DUTY OF CONFIDENTIALITY

Every healthcare professional is obliged to respect the confidentiality of information he/she obtained in connection with care delivered to you about your health, hospitalisation, diagnosis, and prognosis (the expected course of your disease). Even the very fact that a patient is treated by a certain physician or at a certain health facility is confidential. A physician may also lawfully inform (in addition to the patient) the persons appointed by the patient about the nature of his/her disease and necessary procedures.

Do not try to force healthcare professionals to violate their duty of confidentiality.

NOTES

A series of horizontal dotted lines for writing notes.

04/

YOUR REGISTERING PHYSICIAN



YOU CAN CHOOSE HIM/HER

Everybody can choose his/her registering physician (general practitioner, practitioner for children and youth, dentist, gynaecologist), i.e., a physician who will take care of you when you are ill and who will conduct preventive examinations or regular examinations if you suffer from a chronic disease.

In addition to working in their offices, general practitioners and practitioners for children and youth also visit patients who cannot come to their offices.

If you are not satisfied with the care you receive from your physician, you can change him/her every three months. Frequent changes of your registering physician are not recommended as the continuity of your care could be placed at risk.

HERE YOU CAN WRITE DOWN THE INFORMATION IMPORTANT FOR YOUR PHYSICIAN

Personal data

Name:

Surname:

Address:

Phone:

Email:

Age:

Blood group:

I am a:

smoker

non-smoker

I suffer from (diseases, conditions):

-
-
-
-

I have (compensation aids):

pacemaker

metal implant

A-V shunt

other

Parents, if alive, age and any chronic diseases. If they are deceased, at what age they died and from what disease.

.....

Any diseases they suffered from:

Father:

Mother:

WHAT SHOULD YOUR REGISTERING PHYSICIAN KNOW ABOUT YOU?

Date of birth:
Weight:
Height:
Blood group:
What I am vaccinated against:
Infectious diseases in the past:
 In childhood:
 Other:

Allergies: Medications, iodine, pollen, asthma, skin allergy, bee sting, food, other

Number of children:
Number of deliveries/miscarriages (for women):
Date of first menstruation:
Menopause:

Diseases I suffer(ed) from:

1
2
3
4

Any surgery I have undergone:

.....
.....

Dates and reasons of the most recent hospitalisations:

1
2
3
4
5

Medications I use and how frequently:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

HOW DO YOU KNOW THAT YOUR REGISTERING PHYSICIAN IS PROVIDING YOU WITH GOOD CARE?

You can evaluate your registering physician from his/her behaviour. Does he/she pay attention to you, talk to you, and listen patiently to what you are saying? Do you have to wait a long time in his/her waiting room, or does he/she make appointments for specific times? Does he/she actively offer you the preventive examinations to which you are entitled? Does he/she know where and when you were hospitalised, what findings from other physicians you have, and does he/she remember any conditions you have? If so, then your physician is the right one.

REMEMBER

Your physician should have a contract with your health insurer. **If so-called necessary and urgent healthcare (life- and health-saving care) is to be delivered, any physician, i.e., also one who does not have a contract with your health insurer, must give you treatment.** If you are not satisfied with the care you receive from your registering physician, you can change him/her every three months. Changing your physician is not difficult. Visit the new physician you have chosen and ask whether you can be registered with him/her.

There are situations when a physician is not obliged to register you, including:

- If he/she does not have a contract with your health insurer,
- If he/she has no spare capacity.

You can only be registered with one general practitioner, one dentist and one gynaecologist at a time. **When you register, you should fill in the “Registration Card”**, which consists of two sheets. The first sheet is kept by the physician as a receipt, the other one is for you. You should sign both sheets. The physician will inform the respective health insurer about a new patient registration. The preceding registration with your original general practitioner will automatically expire with the new registration.

If you change your physician, inform your original general practitioner about the change. Your new registering physician will ask for information from your medical records, which is important to continue your healthcare. Your original general practitioner is obliged to give the information.

Your physician should be easily accessible for you and his/her office hours should suit you.

WHY ARE YOU SEEING YOUR PHYSICIAN?

You mostly see your physician when you have a health problem. Your physician will ask you when your problem began, how often it appears, and whether your condition is the same or has worsened.

PAIN

Pain is the most common reason to see a physician. Explain carefully to your physician where you feel pain, as well as the character and intensity of the pain. Try to determine the intensity of

the pain yourself using the following scale: 0 = No pain, 10 = Unbearable. This scale of pain is a useful aid to help the physician, for example, to monitor the intensity of pain in the same patient over time.

Therefore, if pain is your main complaint, it will be a good idea to study this issue in more detail. Your physician will help you with it. The character of the pain may be stinging, biting, burning, pulsing, pressing, unconfined, intermittent, permanent, etc.

ELEVATED TEMPERATURE, FEVER

Medicine defines fever as a condition with **bodily temperature elevated above 38°C**. The dangerous limit for the body is above 40°C - the critical limit is above 41°C.

Fever can be dangerous for the correct functioning of the body, and can even be life-threatening in specific groups of persons (e.g., young children, seniors, cardiac patients). It would be wrong, however, to consider fever as purely negative. Fever is a very important warning signal for us. It warns us to see a physician who may then reveal a more serious problem.

The causes of fever are numerous and diverse. When treating fever, it is important not only to reduce body temperature, but also to start treating the cause of the fever. If you notice elevated temperature in yourself, try to identify any accompanying signs. This information will be very useful for your attending physician to diagnose your disease. Also you should realise that body temperature naturally fluctuates during the day (depending on the weather, physical strain, etc.)

It is important to record the temperature trend over time. Remember - if your fever is over 38°C for more than two days, you should always call or see your physician.

REASON TO SEE A PHYSICIAN

What is the reason of your visit? Do you have any acute complaint, have you come for a check-up, a preventive examination, or to get a prescription or certificate? Prepare a clear explanation of why you have come to see your physician and tell it to the nurse. It is particularly important if you suspect an infectious disease.

DO YOU HAVE TO REGISTER WITH A GENERAL PRACTITIONER?

You do not, but we recommend that you do register. The Public Health Insurance Act stipulates that payment for many medical procedures is linked to registration physicians - e.g., regular preventive examinations, comprehensive initial examinations, home visits to seriously ill patients and patients with poor mobility, etc. Without registration, you will not receive this care.

The procedures mentioned above (except for the visiting service) also apply to registration dentists and gynaecologists.

What do you need for registration with a new physician?

- Your insurance card
- Your identity card (ID card, passport or driving licence)

- A list of medications you currently take
- Findings from the past, medical reports from specialists, or hospital discharge reports, if you have any

It is very important that your registering physician always receives all the reports you are given by other physicians. Otherwise, his/her information about your health can never be complete.

You can take notes of visits of other physicians on p. 34.

DO YOU HAVE PROBLEMS FINDING A REGISTERING PHYSICIAN?

If you cannot find a registering physician to take care of you, contact your health insurer as it must, under Act 48/1997, on public health insurance, as amended, provide you with adequate care through its contracted healthcare providers. You can also find registration options on the websites of the Association of General Practitioners and the Czech Dental Chamber, where lists of physicians with capacity to accept new patients are posted (see “Important Contacts” on p. 76 for more information).

Remember that you send your money for your healthcare to your health insurer.

YOUR MEDICAL SPECIALIST

Your registering physician cannot resolve all possible medical issues. If a specialised examination, such as cardiology or orthopaedic examination, is needed, the registering physician will refer the patient to an out-patient specialist. Along with his/her recommendation, the registering physician will also send a written explanation and important health information to the specialist, including the results of already conducted tests and information about delivered therapy. The patient also has the right to freely choose an out-patient specialist in this case.

Write down the information given by your specialist on the next page.

You can also come for a specialist examination without any recommendation from your registering physician. There is one exception, however, namely when the specialist whom a “patient from the street” would like to see has no available capacity.

We recommend, however, not to omit your registering physician; you should always consult him/her first of all. Naturally, there are situations when you want to see a specialist - e.g., a surgeon, neurologist, cardiologist, etc. – directly, for example if you have a specific or sudden problem. Do not forget to inform your referring registering physician about the results of your visit to a specialist and to deliver any written medical report to him/her.

NOTES

Appointment on:

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With physician; name and specialisation:

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Reason:

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Prescribed medications:

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Response to medications and result:

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NOTES

Appointment on:

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With physician; name and specialisation:

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Reason:

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Prescribed medications:

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Response to medications and result:

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Appointment on:

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With physician; name and specialisation:

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Reason:

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Prescribed medications:

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Response to medications and result:

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My registration general practitioner

First name, surname:

Phone:

Visiting hours:

My registration practitioner for children and youth

First name, surname:

Phone:

Visiting hours:

My registration dentist

First name, surname:

Phone:

Visiting hours:

My registration gynaecologist

First name, surname:

Phone:

Visiting hours:

My attending specialist, branch

Name:

Phone:

My attending specialist, branch

Name:

Phone:

My hospital

Phone:

Address:

On-call service

Phone:

Address:

05/

YOUR HOSPITAL



YOU CAN CHOOSE IT

Every patient has the right to choose where they will be hospitalised (see “What rights do you have?”, p. 18).

The patient, however, does not have the right to choose a hospital to be taken to by the Emergency Rescue Service. Always seek information about the quality of the rendered medical services, the numbers of medical procedures performed, and other patients’ opinions. The distance from your home is not always decisive.

HOW TO DECIDE?

Similarly to buying certain consumer goods or deciding on a major investment, you should also pay adequate attention to the selection of a health facility; you should not just take the nearest one. Indeed, health is your most valuable asset. Your general practitioner can surely recommend you a hospital with which he/she has good experience. However, do not rely uncritically only on recommendations given by other people; seek as much information about potential healthcare providers as you can. The Internet is a good source of information; find out whether your selected facility has a website and what is posted on it.

If a hospital renders high-quality services, the hospital surely holds or has applied for a quality and safety certificate. The certificate is awarded by an authorised person, providing that the hospital meets predetermined evaluation standards and quality and safety indicators. Licenses for quality and safety evaluation are granted by the MoHCR. Requirements to be met by the authorised person to evaluate quality and safety are based on applicable regulations available, inter alia, at www.mzcr.cz.

This issue is regulated by Act 372/2011, on health services and conditions of their provision, as amended, and Act 48/1997, on public health insurance, as amended.

A link to an updated list of persons authorised to evaluate the quality and safety of rendered health services can be found in “Important Contacts”, p. 76.

The hospitals holding quality and safety certificates meet very high standards for good and safe care for patients, they have in place quality and safety improvement programmes and quality indicators, and they monitor patient satisfaction, various risk areas, etc. Hence they can quickly correct any identified deficiencies.

Information from any people you know who have been in the hospital could also be useful. You can also visit the hospital you chose in person to see whether it is clean and tidy, and how staff members behave when you ask for some information. Ask other patients about their experience with the facility.

Whether the hospital holds a Health Promoting Hospitals (“HPH”) certificate is also an indication of quality. This is an internationally acknowledged certificate awarded by the World Health Organization for meeting international health-promoting standards, which motivates hospitals to focus more on health promotion and prevention of diseases, and not only on diagnostic and therapeutic services.

Nine hospitals in the Czech Republic have already joined the project; seven of those hospitals have been awarded the valuable WHO certificates and become important representatives of the level of healthcare in the Czech Republic.

A list of those hospitals and their results can be found on the MoHCR Quality and Safety Portal: http://www.mzcr.cz/KvalitaABezpeci/obsah/program-who-health-promoting-hospitals-and-health-services_2865_29.html.

Patient organisations that have sufficient experience with your diagnosis can also be a good source of information for you.

WHAT TO BRING FOR YOUR STAY AT HOSPITAL

- Your identity card and health insurance card
- Older records concerning your illness (copies of medical reports); physicians will be more quickly and better informed about your health
- Other medical paperwork (pre-surgery examinations, X-rays, recommendation for hospitalisation, certificate of incapacity for work if already issued)
- A list of medications you are currently taking, or your medications in their original packages (you can make a note on pp. 29–30)
- A list of medications to which you have had allergic reactions in the past

- Toiletries, pyjamas or lounging clothes, non-skid or otherwise safe footwear
- Compensation aids (walking aids, sensory aids, etc.)

WHAT YOU SHOULD NOT BRING WITH YOU

- Large amounts of cash and valuables, jewellery, credit cards or expensive electronic items

The healthcare provider guarantees brought-in items, but only those usually brought to hospital. You should not expect the provider to assume responsibility for large amounts of cash and valuables, unless you store them in safes designed for that purpose.

Did you know about bringing flowers to hospital?

Hygiene rules do not allow flower bouquets and/or plants in intensive care wards (where patients are treated for sudden failure or sudden or suspected deterioration of basic vital functions) or in surgical wards.



ADMISSION TO HOSPITAL

Patients are usually admitted on their registering physician or out-patient specialist's recommendation. Naturally, situations occur when you must urgently go to a hospital without a physician's recommendation. The admitting physician will inform you about the reason for admission and the plan of healthcare during hospitalisation. He/she will examine you and ask you about your current health, why exactly you have come to the hospital, and what illnesses you have had in the past.

After the physician collects all the necessary data and information, it is the time for your questions. Ask all the questions you want.

The admitting nurse will take you to your room, tell you how the ward operates, and ask you again for any important information about you (drug, food or other allergies, medications you are taking, to what extent you are able to look after yourself, etc.) If you have a special diet, you can ask to meet a nutritional therapist (diet nurse).

- In health facilities you can find several ways to identify patients, most frequently so-called **identification bracelets**. If you are given such a bracelet by a medical staff member, do not take it off throughout your hospitalisation.

- ID bracelets contain important data about the patient; attending medical staff members can use them to reduce the risk of mistaking patients during examinations and procedures or when entering test results into the respective patient's records. They are very important during diagnostic or therapeutic procedures outside the patient's "home" ward (i.e., the ward to which the patient belongs); and they are also very useful when identifying disoriented or confused patients, e.g., after administration of medications, etc.
- Patients' clothes are stored either in a cloakroom or in wardrobes directly in the patients' rooms, depending on the practice at the hospital in question.
- If your hospital uses a cloakroom, ask for and carefully check the receipt, including the description of your clothes. If such data are missing, you will not be able to claim for lost or damaged clothes. The nurse will also offer to store your valuables in a hospital safe and issue a receipt.

WHAT SHOULD YOU TELL HEALTHCARE PROFESSIONALS?

You should always inform healthcare professionals about any medication, food or other allergy you suffer from. If a staff member is replaced, it is a good idea to inform the new one again. You should always inform healthcare professionals about all medications you take and about your diet.

It is important for the staff members to know to what extent you are able to look after yourself (walking, personal hygiene, eating, getting up, using the toilet, dressing, etc.) Inform them about your other limitations, practices and needs so that the attending staff members can plan for assistance, if you need it.

WHAT SHOULD YOU NOT DO?

If a patient has agreed to healthcare services, he/she is obliged to observe the proposed individual therapy and follow the health facility's internal rules. **If you do not respect health professionals' instructions, you will be seriously violating the health facility's internal rules and your therapy could be prematurely terminated.**

That is why you should respect the smoking ban on hospital premises, with the exception of places where smoking is allowed. It is not a good idea to drink alcohol during hospitalisation; that is why the law prohibits the sale of alcoholic drinks and intoxicating substances in health facilities. Please respect the "no animal" rule, which does not apply to assistance or guide dogs or to canistherapy (therapy using dogs) dogs.

If you bring a mobile phone to hospital, please respect the ban on using mobile phones near some equipment or near operations. Please be considerate of others when talking on the phone.

ACCOMMODATION IN A HOSPITAL

If you want to use above-standard accommodation options, ask whether those options are offered as soon as you are admitted to the hospital. Above-standard rooms are usually one-bed rooms equipped with TV sets, and sometimes with refrigerators, Internet connections and private bathrooms. The staff should give you an official price list. No fee for above-standard accommodation will be charged if no standard room is available even if you did not order above-standard accommodation.

ADMISSION OF CHILDREN TO HOSPITAL

WHAT TO BRING TO HOSPITAL?

Before planned hospitalisation, ask your registration practitioner for children and youth or consult the hospital's website to find what documents and necessary personal items should be brought to hospital for a child patient. When a child is admitted, his/her legal guardian's ID card and the child's health insurance card will be required. If the person accompanying the child is hospitalised with the child, also his/her health insurance card.

Remember to take the child's healthcare and vaccination card to every visit to a physician.

THE CHILD'S RIGHTS

- A child has the right to be hospitalised together with an escorting person. The admission and placement of the person accompanying the child is, however, decided by the healthcare provider. The accommodation of the person accompanying a child under 6 years old is covered by the child's health insurer. The accommodation of the person accompanying a child over 6 years old is covered by the health insurance only with the revision physician's consent. There is no guarantee, however, that the person accompanying a child will be given a bed in the same ward in which the child is hospitalised. The physician's decision whether or not the accompanying person will be provided with a bed does not restrict the child's right to uninterrupted presence of the accompanying person, nor the accompanying person's right to be with the child. An accompanying person not admitted to hospitalisation also has the right to stay in the hospital with a child under the age of 18 years in accordance with the hospital's operating rules.
- A child under 15 is entitled to be hospitalised with other children, separate from adult patients, or at least in different rooms.
- A child has the right to be informed about the rendered healthcare in a manner corresponding to his/her age and to his/her level of understanding.

RIGHTS OF THE CHILD'S LEGAL GUARDIANS

- Legal guardians have the right to be fully informed about what the situation of their child and must be informed that they may review the child's medical records, and make excerpts or copies, etc. This right can only be limited in cases defined by the law - e.g., in the case of urgent care when the provision of information would pose a risk to the child's health or life, or in the case of reasonable suspicion of mistreatment or abuse of the child.
- At discharge, ask for a discharge report, including a proposal for further therapy for the registering physician; ask whether a check-up will be necessary if the child feels well or if the child's health worsens. At discharge, the child has the right to be given medications for three days, just like an adult patient.

COURSE OF HOSPITALISATION

INFORMED CONSENT

The patient must be fully informed and instructed by a physician about the healthcare services to be rendered; only then can the patient give his/her consent or not with a therapy or procedure.

Informed consent form:

- Implicit (arising from circumstances),
- Oral (to be recorded in medical records),
- Written (having been informed by a healthcare professional about the proposed medical procedure and potential risks, and after all questions are answered, the patient signs the so-called informed consent).

The signed informed consent does not exempt healthcare professionals from their liability for errors in rendered healthcare. Whether oral or written informed consent is requested is always decided by the healthcare provider. You will be given a copy of it at your request.

The written informed consent is always signed by the patient upon admission to hospital, before surgery, a medical procedure or an examination during which serious complications can occur. It is a relatively long text, yet must also be comprehensible for non-professionals. Healthcare professionals must inform you about the purpose and character of the rendered healthcare and every medical procedure, including the potential consequences, alternatives and risks.

Healthcare professionals should always take into account the patient's current health, his/her age and mental capacity, and they should give information accordingly.

Take the time you need and read the informed consent thoroughly.

If you are admitted to a teaching hospital, you should expect medical and nursing students to be present. In this type of hospital you will also have the opportunity to give your consent to your medical records being reviewed by students undergoing the practical part of their studies (they also have a non-disclosure duty as regards any information relating to rendered healthcare services). You should know, however, that in this case your consent could provide the students with valuable experience and practical knowledge they could not acquire in the classroom. You still have the right to disagree, and nobody can dissuade you from your opinion. However, you must inform the attending staff members to this end.

You can refuse any medical procedure. In such a case you will be asked to sign a so-called "reverse", which contains information about the possible consequences if the procedure is not performed; this document will be a part of your medical records.

You should have sufficient time and peace to sign the informed consent. It is not acceptable that a written informed consent form describing surgery or other medical procedures is given to you in the hallway by a nurse demanding your signature. **The patient must always be informed about proposed surgery by a physician;** the patient may not be forced to sign the informed consent. **Also, the patient always has the right to ask the physician additional questions.** If the

patient refuses to sign, but he/she still demands a medical procedure or surgery, this information is recorded in his/her medical records.

For more information see “What rights do you have?”, p. 18.

You can revoke your prior consent at any time (unless the procedure has already begun and its termination would be risky for you).

There are situations, however, when healthcare is rendered without the patient’s consent. These include, for example, imminent danger to the patient’s life when the patient is not able to give his/her consent.

PATIENT’S CONSENT WITH HOSPITALISATION

If you are to receive in-patient care, you will be asked for your [written consent with hospitalisation](#). If you refuse to give your consent in spite of an adequate explanation, your attending physician will ask you for a written statement confirming this. Without his/her consent the patient may only be hospitalised in cases stipulated by the law. These include, for example, the need for urgent care when the patient is not able to give his/her consent.

You will be given a copy of the written consent form at your request.

A sample informed patient hospitalisation consent form can be found in “Annexes” on p. 102.

DISCUSSION WITH THE SURGEON

Your surgeon (the physician performing surgery) will explain to you the reasons for the surgery and any alternative options, including the potential risks. He/she should also tell you how long you are expected to stay in hospital after your operation, what will happen after your operation, and when you are expected to return to work, or what limitations you will have in your day-to-day life. If the surgery will result in any such limitations, or if you will need further treatment or medications, you should be informed before your operation. Ask whether a non-surgical alternative solution exists, and what the advantages are of the solution offered to you in the hospital. The physician is also obliged to explain to you all the risks and alternatives of the procedure you are to undergo.

[Be sure to remember during any procedure: Make sure they know who you are, tell them your full name, surname, date of birth and any allergies you have.](#)

INFORMED CONSENT WITH SURGERY

As already mentioned above, take your time to decide. Consult your close persons and if you do not understand anything, ask for an explanation. If you do not agree with surgery, you can refuse it. You also have the right to check with a different specialist whether the procedure is really necessary (see “What rights do you have?”, p. 18). If, however, your life is at risk and you are unconscious or you cannot give your consent to healthcare because of other reasons, a life-saving procedure can be performed without your consent.

AUTOTRANSFUSION

This is the collection of blood before surgery wherein several blood units (1 unit = 500ml of blood) are collected from a patient, if his/her health permits, and the patient receives his/her own blood back later during surgery. Naturally, blood should be taken before the surgery at an appropriate time so that it remains suitable for use. Collections usually begin 2 to 3 weeks before the surgery. The latest time for blood collection before surgery is 4 days.

Auto-transfusion offers the advantage of reducing or even eliminating transmissions of serious infectious diseases (AIDS, hepatitis, etc.) and eliminating the formation of antibodies to red blood cells.

DISCUSSION WITH THE ANAESTHESIOLOGIST

Before surgery, the patient must always have a discussion with the anaesthesiologist. He/she will ask you about any past and current illnesses, medications you take, allergies, alcohol, drugs, any preceding anaesthesia (complications during anaesthesia, difficult intubation, allergy to anaesthetics, nausea after anaesthesia, etc.), any preceding application of blood derivatives, and any complications. Informed consent to anaesthesia is also a valid part of your medical records.

Again, ask anything you want to know, e.g., what anaesthesia options exist and which one is the best for you. You can also consult your pain control after the procedure with the anaesthesiologist.

It is very important for you to provide full information about any narcotic drugs and psychotropic substances you might use. This is because such substances can react strongly with the selected anaesthesia and increase the risk of complications.

PATIENT WAITING TIMES

You are entitled by law to good and accessible healthcare, just like any other person insured under the public health insurance scheme in the Czech Republic. Urgent care must be delivered immediately. For certain types of planned procedures, however, there may be a waiting list; i.e., you cannot undergo the procedure immediately.

The time and local availability of healthcare services covered by public health insurance is regulated by the applicable legal regulation.²

² Government Decree 307/2012, on the local and temporal availability of health services

If the waiting time is excessively long, ask your health insurer for an explanation. However, while waiting for your procedure, another patient should not be given precedence over you. The exception is if another patient's health worsens and he/she needs to be given priority.

The MoHCR has prepared a methodology for this purpose, which is available at www.mzcr.cz, and healthcare providers who want satisfied patients should comply with it.

You can easily find out whether your hospital is fair and open in this area. Look at their website. Some hospitals post e-calendars where you can check your position (mostly using an allocated code or number) and monitor the possible date of your operation. Some hospitals use written planning calendars. The date of your operation should not change once allocated to you, unless there is a reason on your part. Waiting times can differ by type of procedure or healthcare provider performing the procedure.

MEDICATIONS IN HOSPITAL

- Do not forget to write down on pp. 29–30 a list of your medications you have been taking. During your hospitalisation, the administration of all medications – even those not associated with your current hospitalisation – is the responsibility of medical staff members.

All medications will be prescribed to you during your hospitalisation by your attending physician and administered by a nurse. If you have been taking some medications for a specific illness, bring them to the hospital and give them to a nurse in your ward.

- Do not take any medication - not even the ones you have been taking at home (both prescription and over-the-counter drugs) - without the knowledge of your healthcare professionals. Remember that medications prescribed to you can be adversely affected by “self-prescribed” ones!
- Medications can be administered by an accordingly qualified healthcare professional - in particular, physicians and nurses.
- Medications should be administered by a nurse directly in the room and from their original packaging.
- Ask what medications you are receiving.
- Ask why you are receiving the medications.
- You are entitled to be informed about the medications prescribed to you and about their adverse effects, if any. Ask your attending physician for the information.

Just as with any other medical procedure, you have the right to disagree with the administration of medications. This will, however, be a case of the so-called “reverse”, as already mentioned on p. 44.



MEALS IN HOSPITAL

A correct and balanced diet is very important for good physical condition and your body’s resistance. Only a patient receiving good nutrition can recover quickly, with easily healing wounds and good

resistance to potential complications (infections, bedsores). A special diet may be prescribed to you in the hospital by your physician, based on your condition determined during examinations.

If you eat other food, always consult your attending physician. Remember, it is not a good idea to supplement or replace the diet prescribed to you with your own food without consultation with your physician.

If you have any food with you, you should put it in a refrigerator designated for this purpose. Unless your food is placed in the refrigerator in its original packaging with a best-by date, medical staff members have the right to discard it after 24 hours.

You can consult your diet during and after hospitalisation with the hospitalisation nutrition therapist. Ask your attending physician. In case you have any problem with eating (chewing, reduced self-care ability, loss of appetite), report this immediately to the nurse. It is very important that you do not underestimate this important part of your therapy.

Some hospitals offer above-standard food within the above-standard conditions. If you want to use above-standard food option, ask whether this service is offered as soon as you are admitted to the hospital.

WHO IS TAKING CARE OF YOU?

- Every health professional taking care of you should be visibly identified with his/her first name, surname, position and workplace. They should introduce themselves when they first meet you. If they do not, ask them who they are.
- In your ward, your attending physician takes care of you. He/she should see you every day, speak to you, examine you, explain to you your further treatment, and plan examinations and/or further therapy.
- Your attending physician reports to the ward head. You can meet him/her during the grand rounds, which usually take place once or twice a week. In addition to your attending physician, you will be taken care of by physicians on duty during afternoons, nights and weekends. Your attending physician can also ask for consultation from another specialist, i.e., a consulting physician.
- A nurse closely cooperates with your physician. You should be allocated “your” nurse for every shift. At the beginning of her shift, your nurse should introduce herself. The nurse reports to the head nurse or matron. You can speak to them if you have any comments on the nurses’ work.

OTHER HEALTHCARE PROFESSIONALS

- **Physiotherapists** usually come to the ward to help patients during their recovery and rehabilitation. They can recommend suitable physical training before and after the procedure to relieve your problems with the musculoskeletal system.
- **Speech and language** therapists treat communication disorders. Speech and language therapy includes all disorders, from minor ones, such as incorrect pronunciation of a single sound, to serious speech disorders or complete lack of speech (e.g., with facial nerve paralysis).
- **Ergotherapists** – ergotherapy is a medical method involving beneficial effects of work, sports and various activities on human health. The objective of ergotherapy is to provide - through meaningful activities - disabled (physically or mentally) people with as high a quality of life

as possible. An ergotherapist will help you resolve practical issues associated with reduced or lost self-sufficiency in essential activities.

- **Healthcare social workers** – a healthcare social worker will help you and your family relieve or eliminate the adverse social consequences of your illness. He/she will offer you technical consultancy and assistance with your problems in the social area. You can ask the social worker questions about welfare benefits, pension benefits, or benefits and advantages for disabled people, and the care allowance. He/she will help you secure suitable follow-up inpatient social care (follow-up rehabilitation or long-term nursing, hospice care, relief or permanent social accommodation) or suitable outreach medical and social care (nursing service, personal assistance). Also contact a healthcare social worker if you are at risk of violence at home.
- **Psychiatrists, psychologists, priests** – Your psychological well-being is an important part of your therapy; do not underestimate it. Many illnesses develop as a result of prolonged psychological stress and discussions with a professional or priest could help in certain conditions.

Your attending nurse or physician will mediate individual contact.

Volunteers are a suitable supplementary service in some health facilities. They mostly address the patients' free time, their psychological balance, and they can also provide non-technical assistance. However, they are not a substitute for the work of nurses and auxiliary staff. Volunteers are trained for their activities and they have a non-disclosure duty. You can meet volunteers in both large and small hospitals, and in wards for both children and adults. You can identify volunteers by their name-tags with photos; they often wear coloured clothes (a vest or T-shirt) displaying the text "Volunteer". Information brochures or nurses will tell you whether volunteers are available in your ward.

For more detailed information about volunteer programmes, go to www.mzcr.cz/Odbornik/.

PATIENT MOBILITY

Reduced physical activity during hospitalisation (e.g., after surgery, bedridden patients) can quickly cause muscle mass loss and subsequently reduced mobility. Physical inactivity also increases the risk of falls.

Patients with reduced mobility require special care. The distance between beds in the room should be at least 70cm; if a patient is in a wheelchair or walks using crutches, a walking frame, etc., he/she should be placed in a room with more distance between the beds.

Ask for special bed equipment. Sideboards are good for your safety - you will feel safer in bed. Hospital beds are fitted with trapeze units, auxiliary bed trays or signalling devices to call nurses. The bed height can also be adjusted as you like.

Ask for assistance if you are not sure you can manage yourself.

ACTIVITY REGIMEN IN THE HOSPITAL

Your attending physician can determine an individual activity regimen for you during your hospitalisation, which you should observe.

- Strict bed rest (hygiene, bowel movements, eating in bed)
- Walking only near the bed and to the bathroom
- Walking only in the room
- Walking only in the ward
- Walking within the hospital premises

The patient can also leave the hospital ([so-called leave](#)). Leave options will be decided on by a competent healthcare professional, depending on your health.

FALLS

Unfortunately, falls are a frequent complication of hospitalisation. What are the most frequent causes of falls in a hospital?

- Patients often do not want to bother nurses and ask for help when getting out of bed (most falls occur when the patient goes to the bathroom).
- The bed is too high and the patient's feet do not touch the floor.
- Slippery or wet floor.
- Poorly lit corridor.
- Confined space between beds.
- Obstacles in the way — bedside tables, chairs, walking-frames, etc.
- Inappropriate shoes.
- Weakness due to loss of muscle strength, dizziness, pain, condition after general anaesthesia, balance-affecting medications.

Wear slippers with non-skid soles in the hospital, do not walk only in socks, and do not walk in the dark. Check whether warning signs have been placed in the corridor when the floor has been cleaned (only half a corridor is cleaned at a time), and ask for this to be done. Do not hesitate to ask the staff for assistance.

[Prevent falls and injuries.](#)

HYGIENE AND INFECTION IN A HOSPITAL

Estimates from abroad show that about 1.4 million people in the world are treated every day for infections they acquired during hospitalisation ([so-called hospital-acquired infections](#)). Hand washing and disinfection is the main tool to reduce this risk.

If you are bedridden, ask the staff to help you wash your hands as you need, or ask them to bring you disinfecting pre-soaked wipes. Your bed should always be clean. Whenever it is soiled with a biological material (blood, urine, phlegm, etc.), immediately ask the staff to change the bed linen. Tell your visitors they should wash their hands if they are in contact with you, and follow hygiene rules - use shoe covers or gowns in specific wards.

Wash your hands whenever:

- You are in contact with other people
- Before meals
- After using the toilet

An alcohol-based disinfectant dispenser should be placed in every hospital room or in front of its door, where it can be used instead of regular hand washing.

According to the WHO, the following five situations in particular require hand hygiene during delivery of healthcare:

- Before touching a patient
- Before clean/aseptic procedures (i.e., measures preventing harmful germs from entering the body)
- After body fluid exposure/risk (e.g., patient's blood, urine, etc.)
- After touching a patient
- After touching the surroundings of the patient.



DISCHARGE FROM HOSPITAL

If you are not able to do without another person's assistance because of your health, you can be discharged from one-day or inpatient care only after the person expected to provide this assistance is informed sufficiently in advance.

If a patient for whom no further care is to be provided is to be discharged from hospital, the provider should inform the municipal authorities at the patient's place of residence beforehand; if the patient's place of residence is in Prague, Prague City Hall should be informed; a similar rule applies to underage patients whose social situation in their families is a cause for concern.

Did you know you should see your general practitioner, or practitioner for children and youth in the case of children, within 3 days from your discharge from hospital?

A patient discharged from hospital is given a discharge report that contains information about his/her treatment, surgery, follow-up regimen, check-ups, etc. The report is designed for his/her registering physician, as well as for another physician who referred the patient for hospitalisation.

You can ask your physician for a copy of the discharge report and take it home.

Remember, if you are given a voucher for a medical or orthopaedic aid, it is valid for 90 days from the date of issue (inclusive), unless the physician stipulates otherwise with regard to your health or character of the medical aid.

MEDICATIONS “FOR HOME”

At discharge, the nurse will prepare medications for you prescribed by your physician, which should last until you see your GP, i.e., for three days. Each medication should be packaged separately, and the packaging should be labelled with the name and information on usage. You will also be given medical aids covered by your health insurance, if you need them.

Assure you know how to use your medications at home, and check whether your medications are correctly labelled. See your GP or respective specialist as soon as possible – on the third day from discharge from the hospital at the latest – and ask for a prescription and further therapy. Give him/her your discharge report.

DISCUSSION WITH YOUR PHYSICIAN AT DISCHARGE

It is very important that you pay attention to the discussion with your physician at discharge from hospital.

- Ask all the questions you need about your further regimen.
- What new medications you will take, how to take them, and whether your GP can prescribe them.
- What to do and who should be contacted if you develop health problems.
- What your follow-up care will be like, and when you are expected to appear for a check-up.
- Enquire about mutual intolerances of the medications you take.
- Enquire about food and drinks you should avoid because of the medications you take.
- Enquire about special dietary, physical activity or other measures you should observe.

NURSING DISCHARGE REPORT

If you will need a qualified nurse’s care after your discharge, you also have the right to receive a nursing discharge report, which can form part of your summary discharge report prepared by your attending physician. You and the person who will take care of you also have the right to a discussion with the nurse about all the issues relating to nursing care after your discharge.

Warning! Do not confuse this discussion with the discussion with your physician. The nurse may not give you instructions about your therapeutic regimen after your discharge!

PRESCRIPTION

- Be careful if more than one physician prescribes you with medications because medications with the same active substance can have different names. If you see more than one physician, they may prescribe you with similar medications, and their mutual effects and accumulation in your body could be harmful. Always have with you a list of medications you have been taking to prevent such a situation. If you are not sure, consult your pharmacist.

- Check that it is your name and insurance number (usually your personal number) on the prescription before leaving your physician's office.
- Verify the names of the medications and ensure that you understand their dosage.
- Verify the prescribed numbers of packages on which you agreed with your physician; you should have enough medications until your next check-up.
- You can receive a prescription for medications for up to three months, or a so-called repeat prescription so that you can repeatedly collect your medications at your pharmacy.
- Ask your pharmacist whether a fully reimbursed medication (without any payment from you) or a cheaper one with the same effect exists. The pharmacist is entitled to prescribe such medication for you.

Warning! A prescription is valid for 14 days, and a prescription for antibiotics for 5 days, while an on-call prescription for only 1 day.

GENERIC SUBSTITUTION

This is a replacement for the prescribed medication with a different one with the same active substance, the same amount and in the same dosage form. A pharmacist can replace the medication prescribed to you for with a different one only if conditions as stipulated by applicable regulations are met:

When can a pharmacist dispense you a different medication than the one prescribed?

- If the prescribed medication is not available in the pharmacy and urgent dispensing is necessary because of the patient's health, and only if:
 - You agree with this and the medication is identical in efficacy and safety,
 - The medication contains the same active substance with the same method of administration and in the same dosage form. If the medication contains a different amount of the active substance per weight unit, volume or dosage form, the pharmacist should adjust the dosage to correspond to that prescribed by the physician.
- If you ask the pharmacist for different medication with the same active substance, the same method of administration and in the same dosage form, for which a lower payment from you is applied, providing only that the prescribing physician did not mark on the prescription that the prescribed medication may not be replaced.

When may a pharmacist not dispense you a different medication than the one prescribed?

- If the prescribing physician marks on the prescription that the prescribed medication may not be replaced (using the words "Do not replace"), the pharmacist may dispense only the prescribed medication.

When may a pharmacist also dispense you a medication containing another active substance than the one prescribed?

- A pharmacist may replace the prescribed medication with another medication with a different active substance with similar therapeutic effects or in a different dosage form providing only that you agree, replacement is approved by the prescribing physician and marked on the prescription (including the dosage).

Advantages of generic medications for patients:

- Lower price (payment by the patient),
- More choices for patients (substitution therapy is available if a prescribed drug is not available).

MEDICAL TRANSPORTATION SERVICE

Health insurance covers the patient's transportation to/from a medical facility to his/her residence or to a social services institution if the patient's health does not permit different transportation. This service, as well as whether an accompanying person is needed, is decided on by the attending physician.

Consult your physician at discharge how your transportation is to take place – whether you are able to go home by yourself, or transportation using a medical transportation service is recommended.

Warning! If you chose to be taken to a more distant hospital, the public health insurance scheme only covers transportation to a similar health facility near your home, and the difference must be paid by the patient.



HOME CARE

When your discharge is being planned, discuss with your attending physician whether you will need home (nursing) care. At the end of your hospitalisation, if your health requires home healthcare, your attending physician will recommend it. This recommendation follows up hospitalisation and it is valid for fourteen days. After 14 days, further home healthcare can be recommended by your GP. The service can be used if your current situation does not allow you to regularly visit your medical facility and you need, in particular:

- Health check-ups – blood pressure and blood sugar measurements etc.
- Administration of both injection and non-injection medications (insulin, painkillers, blood thinners etc.)
- Treatment of skin defects (leg ulcers, bedsores, post-operative wounds)
- Prevention of bedsores
- To take care of hydration, and to monitor the intake and loss of liquids
- Administration of infusion therapy (pain management, hydration)
- Motivation, both physical and psychological
- Sampling of blood and other biological materials
- Nursing rehabilitation
- Permanent catheter care (an indwelling urinary catheter), short-term catheter, stoma care, application of enema

Your GP can also recommend a visit by a specialist/surgeon, dermatologist, urologist, etc. at your home, which is of benefit mainly for handicapped patients or patients in terminal stages of disease.

NURSING SERVICE (SOCIAL SERVICE)

Persons with reduced self-sufficiency due to age, chronic disease or disability can use the so-called **nursing service**. This social service, which is delivered at a defined time in homes and social institutions, includes the following basic activities:

- Assistance with usual self-care,
- Assistance with personal hygiene or providing for conditions for personal hygiene,
- Providing for food or assistance in delivery of food,
- Assistance with housekeeping,
- Mediating contact with the community

06/

IMPORTANT INFORMATION



EMERGENCY RESCUE SERVICE - EMERGENCY LINE 155 (OR THE UNIFIED EUROPEAN EMERGENCY TELEPHONE NUMBER 112)

When and how to call 155:

Call the Emergency Rescue Service whenever you witness a sudden and unexpected health problem, serious injury or an event that will probably result in serious damage to health. It is also a good idea to call 155 if you are not quite sure how serious the patient's condition is. The line operators are trained health professionals who can help you resolve the situation.

The Emergency Rescue Service telephone number throughout the Czech Republic is 155 and works from any telephone in any public telephone network (including mobile networks) without a prefix; the call is free of charge.

What you should say:

The emergency operator will ask you questions to assess your emergency call and determine the level of urgency for the corresponding emergency response. Try to keep calm and clearly answer the questions. You will be asked:

- **To specify the place of the event:** The address where the affected person is (it is essential to give the town/city, street and house number). If the event occurred outdoors (lake, church, restaurant, camp, etc.) specify the nearest orientation point. In a built-up area do not forget to specify the floor number and house/apartment number. An event on a railway, road or river can also be specified using the kilometre number, and at a railroad crossing through

its designated number. You can also specify the GPS coordinates. Also specify also the place where you will be waiting for the arrival of the rescue service.

- **What has happened exactly:** The extent of the damage or injury, the number of people involved in a road accident.
- **Condition of the injured person:** Is he/she conscious, breathing, bleeding, what symptoms do they have?
- **Identity of the injured person:** What is his/her name, approximate age, do you know him/her - does he/she take any medication, has been treated for any illness?

What to do before the rescue service arrives:

In the case of life-threatening conditions, the operator will stay on the line until the rescue service arrives. He/she will be giving you advice on how to correctly perform life-saving steps on the spot. Follow these instructions and you can save a human life.

Carefully monitor the affected person's condition until the healthcare professionals arrive. If they show signs of losing consciousness or their breathing changes, or if you are unsure in any other way, do not hesitate to call 155 again. The operator will instruct you how to give first aid to the affected person.

Which rescue service will arrive:

An emergency rescue crew will arrive at the site - they are always skilled health professionals trained to deliver pre-hospital urgent care. Options are:

- **RLP – emergency service with physician:** a three-member crew in a large ambulance, including a physician, paramedic or specialised nurse, and the ambulance driver.
- **RZP – emergency service: a two-member crew in a large ambulance, including a paramedic or specialised nurse, and the ambulance driver.**
- **RV – rendezvous group:** a two-member crew in a small ambulance, including a physician and paramedic or specialised nurse.
- **LZS – air ambulance:** the medical part of the helicopter crew includes a physician and paramedic.

The crew to be sent to the site is decided by the operations centre according to the information on the patient's health.

When to contact your GP, or medical on-call service:

- If the problem is of long-term character, without any usual sudden worsening.
- In the case of normal viral or bacterial diseases, e.g. flu, cold, tonsillitis etc.
- If you need a prescription for your usual medications. The emergency service does not bring and cannot prescribe regular medications.

For safety's sake it is a good idea to find out which health facility in your neighbourhood offers a medical on-call service and to write down the telephone number.

Do not confuse the emergency service with the medical on-call service and medical transportation service.

Do not call the emergency service when life or health is not in acute danger. Do not use the emergency service as free transportation to hospital.

THE EMERGENCY SERVICE IS NOT A TAXI!

FIRST AID PRINCIPLES

First aid is a set of simple and effective measures to **preserve the life** or **health** of people who have suffered an injury or a sudden health disorder. All of us should be able to give basic first aid to an injured person and observe the basic principles of first aid.

Even if life is not at direct risk, good first aid is important. The patient is relieved from pain and will be calmer, his/her blood loss will be reduced, recovery will be quicker and the probability of complications will be lower.

People have a legal obligation to give first aid to a person showing signs of ill health, i.e., everybody has this obligation; failure to give first aid is sanctioned according to the law.³

³ Act 40/2009, the Criminal Code, as amended

Warning! Everybody is obliged to give first aid according to his/her knowledge and skills, unless he/she would cause serious harm to himself/herself by doing so.

If a person's blood circulation stops, there are only a few minutes in which to save his/her life. Brain cells begin dying very quickly within 3–5 minutes without oxygen. Only immediate and good (including non-professional) resuscitation can partially make up for the affected person's life functions so that he/she will survive.

If you suspect that blood circulation has stopped:

Adults:

- Call 155 immediately
- Lie the person on a flat and firm base
- Stretch your arms and rhythmically push firmly downwards in the middle of the chest (to a depth of at least 5cm in adults) and then release. The frequency should be at least 100 per minute (indirect heart massage)

If available, use an automated external defibrillator – AED.

Children under 8 years of age:

- Begin with five rescue breaths
- Continue with 30 chest compressions, followed by two rescue breaths
- Press down in the middle of the chest (by about 1/3 of the chest diameter from the front to the back)
- Compression frequency from 100 to 120 per minute
- If basic vital functions are not resumed within one minute of complete resuscitation, call 155

Breathing and circulation often stops in children due to an inhaled foreign body or liquid. As a first measure, you can use so-called expulsion manoeuvres (do them quickly and without useless repetitions, immediately follow with cardiopulmonary resuscitation):

- A blow between the shoulder blades (with the person standing or lying, with a baby or newborn laid on your forearm)
- The Heimlich manoeuvre (embrace from behind and compress the upper abdomen)

Emergency calls:

- Call free 155 (or 112).
- Follow the operator's instructions, and never be the first to hang up (the trained operator will decide whether to send an ambulance or go with you through so-called [phone-assisted first aid or urgent resuscitation](#)).
- After you call emergency, [be available to answer the phone](#) from which you called - in case more information or contact data are needed.
- When waiting for the rescue service, try to make it as easy as possible for them [to find the patient](#) (go to the end of the entry road, switch on the lights, open the door etc.)

Remember! No aid is the worst aid!

PREVENTIVE EXAMINATIONS

Prevention means preventing diseases and their consequences. With regular prevention you can avoid many health problems. Prevention examinations should, however, be conducted properly and with due care. The contents and intervals of preventive examinations are stipulated in [Decree 70/2012, on preventive examinations](#). Preventive examinations should never take the form of mere discussion between the patient and physician. Ask your physician to conduct all the tests you are entitled to. Help your physician by giving him/her true information.

Your health insurance covers preventive examinations by registration physicians.

General practitioner for children and youth

A physician should conduct preventive examinations nine times during the first year of life; within the first two days from discharge from the maternity hospital, then when the newborn is 14 days old, at 6 weeks, 3 months, 4 to 5 months, 6 months, 8 months, 10 to 11 months, 12 months and 18 months of age, at three years of age, and then always once every two years. The last preventive examination can be conducted before the age of 19, i.e., by the date of the person's 19th birthday.

General practitioner

A physician conducts preventive examinations once every two years (i.e., the first preventive examination within two years from the last one conducted by the GP for children and youth).

Gynaecologist

A physician conducts a preventive examination at the end of compulsory school attendance at the age of 15, and then once a year.

Dentist

A dentist conducts a preventive examination twice a year for children and youth under the age of 18, twice during pregnancy, and once a year for adults.

SCREENING PROGRAMMES

This is not as complicated as it looks. Screening or identifying risk diseases in the population is a very useful tool for targeted prevention. The programme is organised by the MoHCR and the respective experts, revealing thousands of tumour diseases every year. Without this programme the affected persons would not even have known they were suffering from a disease. We can find

tumours in their early stages, when they can be treated very successfully. And patients do not have to die.

People in developed European countries attend such programmes very willingly – up to 80% of the population take part. The situation in our country is much worse. We are not very willing to assume responsibility for our own health - to take care of ourselves. Try to change this and you could be rewarded with a longer life. You can currently attend the following three programmes covered by the public health insurance scheme, while more programmes are being prepared.

1. Breast cancer screening

More than five thousand women are diagnosed with breast cancer in the Czech Republic every year. Thanks to a functional screening programme, however, most of these diseases are revealed in time and with a high probability of a cure. You should undergo a screening examination if you are 45 or older. If you see your registration GP or registration gynaecologist at that time, they will refer you to an accredited (approved by the respective authority) screening office for a so-called screening mammography.

The mammograph is a special apparatus that uses so-called soft X-rays for breast examination.

The examination is not onerous and no special preparation is needed. The examination result will be reported to your physician, who can provide for further necessary steps depending on the finding. If the finding is normal, you should appear for this examination at two-year intervals. For more information about the examination, a map of accredited centres and contact to a specialised consultancy go to www.mamo.cz.

2. Cervical cancer screening

Another screening programme for women to find one of the most frequent and also the most dangerous gynaecological tumours. You are doubtlessly aware of this examination. Your registration gynaecologist will perform a Pap smear during the so-called “speculum examination”; the collected material is placed on a test slide and sent to a screening lab for microscope evaluation. The result is sent to your gynaecologist, who will provide for further steps. You should appear for this examination once a year. It is really very important to undergo the tests on a regular basis, because you can successfully avoid this disease, which is the cause of unnecessary death for over 400 women every year. For more information, go to www.cervix.cz.

Cervical cancer screening is conducted once a year in adult women as part of the preventive gynaecological examination.

3. Colorectal cancer screening

This programme nicely shows how many human lives could have been preserved if clients had attended it. More than eight thousand men and women die every year of colorectal carcinoma in the Czech Republic. Yet a timely screening examination and a simple procedure can fully prevent this fatal disease. The examination includes the following steps. When you are fifty, be sure to ask your registration GP or registration gynaecologist every year for a test for so-called occult (hidden) bleeding in the gastrointestinal tract. The test consists in the collection of a stool sample into special envelopes or tubes. Blood in the stool can be the first signal that a tumour is present.

From the age of 55 you can ask for the so-called primary screening colonoscopy instead of repeated stool tests. During colonoscopy the specialist (gastroenterologist) will insert a flexible tube (endoscope) into your anus to examine your colonic mucosa in detail. Although the examination

requires some patience from you, it is worth it for the feeling of confidence. The examination should then be repeated at 10-year intervals. Your registration GP or registration gynaecologist will refer you for this examination, or you yourself can see a specialised gastroenterologist at a screening colonoscopy centre. For a list of specialised out-patient centres and information about the screening programme go to: www.kolorektum.cz.

Patients who wish the test for faecal occult blood before they are 50, or those who want the test more frequently than in the intervals covered by health insurance, can buy tests at a pharmacy. Remember to inform your GP about the test.

NEWBORN SCREENING

All newborns undergo screening at the maternity hospital. Shortly after birth, every infant undergoes a series of examinations to find out whether he/she suffers from a serious congenital or hereditary disease. Thirteen rare diseases, including e.g., congenital hypothyroidism, congenital adrenal hyperplasia, metabolic diseases (phenylketonuria and nine other disorders) and inborn cystic fibrosis, are tested from a couple of drops of blood taken from the infant's heel using a special strip 48 to 72 hours after birth. Newborn screening makes it possible to identify newborn infants with a higher risk of disease, to diagnose a disease in time when its clinical signs are not yet evident and to begin early treatment before the disease can cause irreparable damage.

Infants with positive tests for congenital hypothyroidism are also tested for hearing disorders (using the transient evoked otoacoustic emissions method or BERA method).

Hearing tests are conducted with a sleeping infant from the second day after birth; they are completely painless. The sister will very carefully insert a soft measuring probe with integrated microphone and response meter into the ear. Sound from the microphone causes a response in the hearing path, which is measured.

Newborn screening for congenital cataract is a simple test; the infant's eye is examined using an ophthalmoscope. The examination takes place before discharge from the neonatal ward.

All infants undergo screening examinations of their hips at the maternity hospital, and these are followed by further specialised examinations of their hips by an orthopaedist when they are 6 to 9 weeks old and 12 to 16 weeks old.

For more information, go to: www.novorozeneckyscreening.cz.

VACCINATION

Vaccination is one of the most effective prevention measures in the history of mankind. The Czech vaccination schedule is one of the best elaborated ones in Europe and worldwide. Recently, however, we have faced a sharp onset of anti-vaccination activities. This is why the vaccination rate has been decreasing, resulting in a higher occurrence of some infectious diseases that had been successfully controlled in the past, such as whooping cough, mumps or measles.

Ask your physician not only about regular vaccinations; selected vaccines are indicated e.g., in patients after splenectomy and in patients after stem cell transplantation, or in patients suffering

from serious chronic, pharmacologically managed diseases of the heart and veins, respiratory tract, kidneys, or in diabetics and persons over 65.

[Ask your physician for vaccinations to which you are entitled.](#) For more information go to the MoHCR website www.mzcr.cz.

PATIENT SATISFACTION MONITORING

The patient's opinion on the quality and safety of rendered healthcare services is very valuable for the MoHCR and so an online survey has been launched on the MoHCR website to monitor patient satisfaction and experience with the healthcare they receive.

You can fill in this survey to anonymously assess your GP or an out-patient specialist who provided you with healthcare during the past 12 months.

The online form allows the general public to express their opinions and share their experience with healthcare in a comfortable way from their homes and without time constraints.

[The survey you fill in could improve healthcare quality.](#)

The online survey of patient satisfaction is available at www.mzcr.cz/kvalitaabezpeci/.

SECTORAL SAFETY TARGETS

Since 2010 the MoHCR has been implementing measures to ensure patient safety and healthcare quality. The measures include Sectoral Safety Targets (SST), which are based on an analysis of the riskiest processes in healthcare and on WHO and EU recommendations. The purpose of SST is to reduce the most common risks in the delivery of healthcare. For healthcare providers it means they have prepared guidelines showing correct procedures in, e.g., the identification of all patients (patient identity), ordering, storing and administration of higher-risk medicinal products, preventing patient falls, hand hygiene, communication with patients, preventing bedsores, etc.

You should also check that you are addressed using your correct name, what medications you were given, whether you understood what the physician or nurse told you, e.g., before a procedure or examination, as regards medications, before your discharge, etc. For more information about SST go to the MoHCR quality and safety portal at <http://www.mzcr.cz/kvalitaodbornik/>.

NATIONAL ANTIBIOTIC PROGRAMME

The purpose of this programme is, inter alia, to explain to people that the improper and frequent use of antibiotics causes bacterial resistance to antibiotics and results in reduced efficacy of those unique drugs. Bacteria are resistant if certain antibiotics have lost their ability to kill, or stop the growth of, the bacteria. Resistant bacteria survive in the presence of the antibiotic and continue to multiply causing longer illness or, in exceptional cases, even death. Infections caused by resistant bacteria may require more healthcare as well as alternative and more expensive antibiotics, which may have more severe side effects.

When you use antibiotics for the wrong reason:

Most colds and flu are caused by viruses against which antibiotics are NOT effective. In such cases, you will not improve your condition by taking antibiotics. Antibiotics do not lower fever or reduce symptoms like sneezing or secretion from the nose (runny nose).

When you use antibiotics incorrectly:

If you shorten the duration of treatment, lowering the doses, or do not comply with the right frequency, you will not have enough of the drug in your body and some bacteria will survive. They may also become resistant in this way.

Patients should follow their physician's advice on when and how to use antibiotics. They should always only use antibiotics under medical prescription, not using "leftovers" or antibiotics obtained without a prescription.

Physicians should prescribe an antibiotic that is specific to the infection and, if possible, select the antibiotic according to the results of microbiological tests. Broad-spectrum antibiotics, i.e., drugs acting on more bacterial species, may have more adverse effects, and they should be used in situations the infectious pathogen is not known or more pathogens are involved.

In specific cases when it is not clear whether the infection is bacterial or viral (which is not appropriate for antibiotic therapy), a CRP test can be used as an auxiliary examination. To determine a correct diagnosis, however, the CRP test result should always be assessed by a physician. The physician will also give advice on how to cure a cold, flu and other viral diseases of the respiratory tract without antibiotics. For more information go to <http://www.szu.cz/narodni-antibioticky-program>.

It is the responsibility of all of us to maintain the efficacy of antibiotics for our children!



BLOOD DONATION

Blood donation is a voluntary activity that is very important for the whole community. To be allowed to donate blood and help another human, one should meet several conditions:

- Age 18 to 65
- Weight over 50kg
- Good health

For more information about a special type of blood donation, so-called autotransfusion, go to p. 46.

WHO MAY NOT DONATE BLOOD?

If you wish to become a blood donor, you must not be a(n):

- Person with a higher risk of infectious disease (AIDS, hepatitis)
- HIV positive person, or a person in long-term contact with an HIV-positive person
- Person who has had hepatitis B and C, or a person in long-term contact with such a person
- Person who has had hepatitis A or mononucleosis - one year from recovery
- Person who has had Lyme disease - six months from recovery
- Person with a tumour
- Person who had lived in 1980–1996 for more than six months in Great Britain and in France
- Diabetic if he/she uses insulin
- Drug user
- Alcoholic
- Person with a heart disease
- Person after transplantation
- Person with a blood disease
- Person with chronic renal disease
- Person with chronic gastrointestinal disease
- Person with asthma
- Hypertonic (person with high blood pressure); blood can be donated only if you are on monotherapy (a single medication) and your blood pressure is max. 180/100 mmHg
- Allergic – on permanent therapy (persons with allergies who do not have acute problems may donate blood)
- Person with an autoimmune disease
- Epileptic
- Person with multiple sclerosis
- Person with glaucoma, mucosal inflammation
- Person who has undergone an endoscopy examination in the past 6 months
- Person who has received a transfusion in the past 6 months
- Person who has been tattooed in the past 6 months
- Pregnant or breast-feeding woman (+ nine months from delivery or half a year from termination of breast-feeding)
- Person permanently taking medications, even over-the-counter ones (except for oral contraceptives and vitamins)

You also may not donate blood:

- During menstruation
- For 6 months from returning from a malaria region
- For 6 months from returning from an endemic region without signs of the disease
- For one month from the time you found an attached tick
- For 14 days after diarrhoea
- For 14 days from discontinuation of antibiotics
- For at least 14 days from a light viral infection (runny nose, cough...)
- For 14 days from cleared cold sores
- Tuberculosis – for 2 years from the date of confirmed recovery
- Toxoplasmosis – for 6 months from the date of confirmed recovery
- Syphilis – for 1 year from the date of confirmed recovery
- Q fever – for 2 years from the date of confirmed recovery
- Rheumatic fever without long-term effects – for 2 years from the date of confirmed recovery

ORGAN DONATION

According to valid legislation, you can donate organs but you may not sell them. In the Czech Republic, after a person dies his/her consent with the donation of organs and tissues is anticipated and so no explicit consent (e.g., in writing) is needed. A person suffering brain death (mostly due to a severe injury or bleeding) is considered dead. Only organs and tissues of people who died in this way are suitable for transplantation, because it is necessary to maintain the heart function and blood circulation.

Organs and tissues from some persons, such as those with cancer, AIDS, hepatitis or another infectious disease, are not at all suitable for transplantation. Organs are also not removed if the physician is not sure about the cause of death, in situations with an unsuccessful autopsy, or if the person died in prison.

Every Czech citizen can be registered during his/her life in the National registry of persons who do not agree with post-mortem removal of organs and tissues; the registry is maintained by the MoHCR. For registration you need to fill in a form, which is available at www.nrod.cz. Registration makes it possible to prevent the use of all or certain organs. The law also makes it possible to express one's disagreement at a health facility in the presence of an attending physician and one witness; the disagreement should be recorded in the patient's medical records and a copy forwarded to the registry.

DONATING BONE MARROW

Bone marrow donation is a voluntary activity. You can revoke your decision to become a donor and be included in the Registry of bone marrow donors at any time.

Unlike with blood and plasma donation, requirements are less strict because the bone marrow donor is often the only person in the world who can save a seriously ill patient.

There are two registries of bone marrow donors in the Czech Republic:

Czech National Registry of Bone Marrow Donors

www.kostnidren.cz

IKEM Czech Stem Cells Registry

www.darujzivot.cz

The age limit for bone marrow donating:

- **Non-related donors:** 18 to 35 (the donor is included in the registry database until the age of about 55)
- **Related donors:** no fixed age limit

Who can and who cannot donate bone marrow:

- Bone marrow can be donated by a generally healthy person who never had any serious disease.

The following is usually accepted at registration:

- A mild form of allergy when no regular medication is required to stabilise the health (a mild form of hay fever, rash, food allergy without serious symptoms, etc.)

- Infectious hepatitis A in the past, unless long-term effects persist
- Infectious mononucleosis in the past
- A mild form of anaemia in women due to menstrual bleeding

Who cannot be included in the registry of bone marrow donors:

- Persons who were treated for a malignant tumour disease
- Persons with transplanted organs or tissues
- Persons with diseases of the heart, veins, lungs, joints and gastrointestinal tract on permanent medications
- Persons with bleeding diseases and blood diseases
- Persons with more severe forms of allergies (the tendency to allergy could be transferred to the recipient along with the stem cells)
- Persons with seizures
- Medicine-dependent persons
- Diabetics dependent in insulin or medications
- After a blood-communicable infection, such as HIV, hepatitis B and C, syphilis, malaria, Creutzfeldt–Jakob disease (similar to the mad cow disease), etc.
- Persons with diseases that could theoretically be activated by the stress connected with donation (tuberculosis, sarcoidosis, autoimmune diseases, etc.)
- Persons dependent on alcohol or drugs and persons in close contact with an HIV-positive person

Conditions that prevent stem cell (bone marrow) donation for a transient period of time:

- Pregnancy and one year from breast-feeding (women who could become pregnant should have a clearly negative pregnancy test)
- One year from transfusion of blood from another person
- Six months to one year from vaccination with a live vaccine
- Close contact with a person currently suffering from a serious infectious disease (e.g., HIV/AIDS, hepatitis B and C, syphilis)
- Imprisonment or hospitalisation in a mental hospital
- Injury with contamination with biological material (another person's blood, etc.)
- Six months from surgery, tattoo, acupuncture or piercing
- Six months from a visit to tropical regions

Donor registration:

If you decide to become a bone marrow donor, call or visit a donation or collection centre and make an appointment. During the initial information interview, the procedure for bone marrow donation and how cell stems are collected will be explained to you in detail.

You will fill in a short questionnaire at registration. You should mention any health anomaly. The information you state in the questionnaire is confidential and protected against any misuse. If you are not sure about anything, you can discuss it during the initial interview with a trained donation centre worker who will assess whether or not your anomaly prevents you from being registered.

After you sign the form, a nurse will collect a small amount (2ml) of blood from a vein and send it to a lab for tests of your transplantation markers.

What will happen after you are included in the registry:

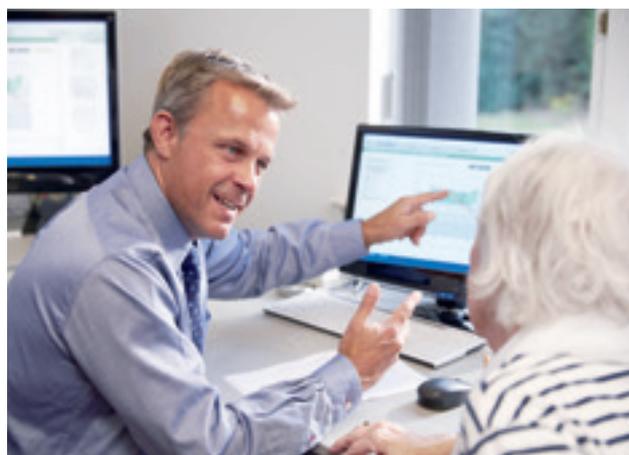
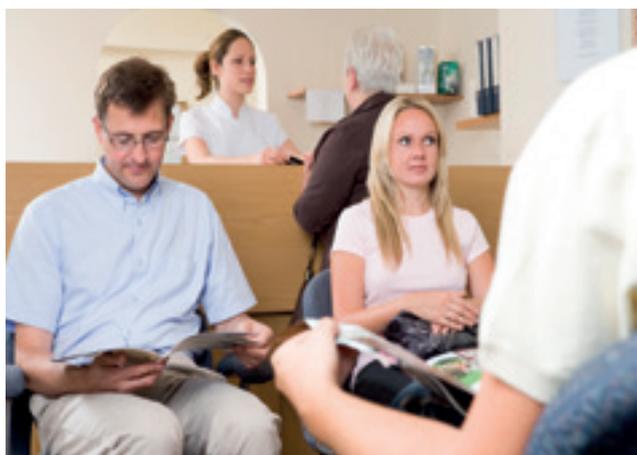
After you are included in the registry, the transplantation centre will look for other suitable donors in registries. If you are included in the narrower selection of donors, you will be invited

for one more blood collection to test your blood for tissue markers and to determine whether or not you actually are the best donor.

Before bone marrow donation:

Before donation you will appear for a pre-donation examination to determine your current health and discuss once more all you need to know. You will sign the informed consent form to confirm your decision to donate bone marrow.

Only 1% of registered volunteers will advance to the actual donation of bone marrow.



PATIENT ASSOCIATIONS

If a patient suffers from a disease, he/she can use many sources of information to learn more about the disease. There are many portals, information brochures and other sources of information. Ask your physician if you wish to receive such information.

Patient associations and organisations already exist for many patients. For a list go to the MoHCR website at www.mzcr.cz. The list includes NGOs granted subsidies by the MoHCR in the given year, committing to educate persons with health disabilities or chronic diseases. Their services may not be subject to membership in the subsidised organisations, and are offered to all patients that contact the organisation. Because the list with contact data includes organisations and projects that received grants in a given year, it is updated annually.

Patients find it very beneficial e.g., to share their experience with other people suffering from similar problems, attend events, courses and workshops and receive valuable advice to improve their life with the disease. The list can be found in the Annex “Important Contacts”, p. 76.

For a list of organisations by diagnosis go to www.koaliceprozdravi.cz.

CZECH HEALTHCARE FINANCING SOURCES

The Czech healthcare system is based on the principle of solidarity and availability of healthcare for all citizens. Healthcare is financed mainly from:

- General healthcare insurance,
- State budget and regional budgets,
- Direct payments by natural persons and legal entities,

- Payment from non-budget sources,
- Sponsors, foundations, etc.

Currently, insured persons or their legal guardians are obliged to pay a regulation fee amounting to **CZK 90** to the healthcare provider for the medical on-call service or dental on-call service; services rendered during the provider's regular office hours are not considered on-call services.

The fee of CZK 90 is also paid for dental and pharmacy on-call services.

07/

END-OF-LIFE CARE



WHEN A DISEASE CANNOT BE CURED

Modern medicine is expected to cure us and that is true in many cases. However, most people still die from diseases. Our population presently suffers mainly from chronic diseases. Those also include ones of which people massively died in the past (e.g., diabetes).

Due to significant progress in medicine and associated branches, patients suffering from such diseases live much longer. However, it is still true that practically all chronic diseases shorten human life – some diseases more, others less. That is the case, for example, with many forms of cancer and chronic diseases of organs important for life, which result in their failure.

This is why it may happen that further therapy (e.g., cytostatics, further surgery or other invasive procedures - procedures during which examination instruments or devices penetrate the body) is no longer possible because no benefits would be acquired and, probably, only adverse effects would appear and worsen the quality of the patient's life.



That means the physician may inform the patient at a certain stage of his/her disease that no more means are available to cure the disease or organ. Then, they jointly agree to continue palliative therapy instead of a treatment that would not result in a beneficial effect. This does not mean the patient will no longer receive therapy – it will just be different.

Such situations are not sudden. There is enough time for the patient to consult not only his/her physician, but also his close persons, and make up his/her mind about how he/she wishes to be taken care of at the time the state of the disease means that he/she will need assistance.

Such serious situations can be faced best in a group, with your family and with your closest friends and those taking care of you. Your specialist and GP, homecare nurses and others are all very important. They should be the ones to advise you on how to continue. So-called terminal (final) stages of certain diseases can last for a very long time, during which well-coordinated cooperation of family members and health professionals will be needed.

Patients with such irreversible diseases can use various healthcare and social services, care centres and institutions, including social institutions providing healthcare, which try to maintain their existing quality of life.

Palliative therapy focuses on the patient as a whole, on his/her comfort and quality of life, although this period of life is constrained with a serious disease. It is therapy protecting from pain and other unpleasant symptoms of the disease, as well as from procedures of no use for the treatment of the disease.

Hospices, which also exist in the Czech Republic, specialise in such palliative care. Hospice homecare is also available, where workers visit patients in their homes. Palliative care at home can also be provided in cooperation with the patient's family and close persons; i.e., it is not available only in specialised institutions. All health facilities that deal with people at severe stages of, in particular, chronic diseases, i.e., hospitals, medical institutions and GPs, should be able to offer it.

- Acquire all the information available from your attending physician - about the disease, its probable progress, constraints and effects, and how you can manage its symptoms.
- Acquire maximum information about available services. Contact providers and confirm the availability of their services so that you can ask for them in case you need them.
- Consult those attending you and adapt your home in line with their advice for easier delivery of care. Acquire aids that make the patient's life and caregivers' lives easier.

- Prepare together a plan of care with your caregivers, including palliative care, to be respected by all caregivers.
- Discuss with your family all the matters and issues that are important and that need to be arranged now, because when the disease progresses this may become difficult or impossible.

WHAT TO DO WHEN A CLOSE PERSON DIES

If a close person dies at an inpatient facility, the inpatient care provider is obliged to inform about the patient's death the person specified in the patient's medical records as the one to be informed about the patient's health. The provider will also answer all your questions on the cause of death, whether or not an autopsy was ordered, and give you advice on what to do next.

If you suspect that the appropriate care was not given, you should raise this immediately and, if need be, you should insist on an autopsy. Only in this case will the care provider perform an obligatory autopsy. On the other hand, if your close person was against an autopsy during his/her life on any (e.g., religious) grounds, his/her disagreement with an autopsy should be recorded in his/her medical records. An autopsy disagreement statement signed and confirmed by the patient should be presented immediately during the first meeting with the healthcare provider, i.e., at admission.

If your close person dies at home, you should call his/her registering physician or on-call physician to perform a post-mortem examination, establish death and issue a "Death Report", which is needed to arrange a funeral. This physician will decide on an autopsy according to the same regulations as if the person had died in hospital; an autopsy disagreement should also be supported with a prior wish not to perform an autopsy, which should be recorded in the registering physician's records.



ARRANGING A FUNERAL

- The funeral service is selected by the survivors in line with the deceased person's explicit wish made when alive - it is recommended to sign a contract of mandate according to the Civil Code; the contract should include an exact description and scope of ordered funeral services to be confirmed in writing by the funeral director, who assumes full responsibility.

- If the deceased person is taken away by a funeral service you did not order, you still have the right to arrange a funeral with whom you wish.
- **To arrange a funeral** you will need to submit the ID card of the person arranging the funeral (the deceased person's ID card and birth certificate may also be needed).
- If your close person died at home, you should report his/her death to his/her GP during his/her office hours, to an on-call physician or to the physician appointed by the respective regional authorities (coroner). If you find a dead body outside a health facility, report it on the European common emergency telephone number - 122.
- When arranging a funeral, you should present the **Death Report** – The death report is issued by a physician who will give it to you after he/she examines the body. The physician will also tell you how long you can keep the body at home and explain under what conditions you can wash, dress and lay the body in a coffin.



You should arrange for a funeral in line with the deceased person's wishes within 96 hours from the time you receive the Death Report..

- You are entitled to compassionate leave and you will receive your wage or salary - you can claim two days if your husband/wife, partner or child died, plus one more day to attend their funeral.
- If the cause of death is not clear and a clinical or forensic autopsy was ordered, the body is usually prepared to be handed over to the funeral director on the second day after the autopsy. The body is stored free of charge at a health facility for 48 hours from the autopsy. Every further day is charged according to an applicable rate. If a forensic autopsy was performed, the body can be handed over to the funeral director who, however, may not proceed with the funeral until the public prosecutor consents to the funeral.

Several funeral options exist:

- Cremation without public funeral services (usually close family members are present)
- Cremation with funeral services - saying good-bye to the deceased person in a funeral hall or a church
- Burial without a service
- Burial with a service
- Interment in a public or non-public plot (including scattering)

You can contact the Ministry for Regional Development of the Czech Republic for more information.

Bereavement payment:

This lump sum amounting to CZK 5,000 is paid by the government to cover the costs of a funeral. The person who arranged for a funeral of a person living in the Czech Republic on the day of his/her death or of a stillborn child can claim the bereavement payment. Furthermore, the funeral should be of a dependent child or of a person who was a parent of a dependent child.

The application for bereavement payment should be filed at state social support contact points

08/

IMPORTANT CONTACTS



MINISTRY OF HEALTH OF THE CZECH REPUBLIC

www.mzcr.cz

MoHCR Inspection Department
kon@mzcr.cz

Institute of Health Information and Statistics of the Czech Republic
www.uzis.cz

You can send your questions and suggestions to mzcr@mzcr.cz or to verejnost@mzcr.cz. If your question or suggestion is about the protection or violation of patient rights, you can directly contact the MoHCR patient ombudsman at ombudsman@mzcr.cz.

MEDICAL EMERGENCY CENTRES

Emergency line 155 - Integrated Rescue System line 112

Central Bohemian Emergency Rescue Service
www.uszssk.cz
info@zachranka.cz

Hradec Králové Emergency Rescue Service

www.zzskhk.cz
info@zzskhk.cz

Karlovy Vary Territorial Emergency Rescue Service

www.zzskvk.cz
sekretariat@zzskvk.cz

Liberec Emergency Rescue Service

www.zzslk.cz
reditelstvi@zzslk.cz, sekretariat@zzslk.cz

Moravian-Silesian Emergency Rescue Service Territorial Centre

www.uszsmsk.cz
zzsmsk@zzsmsk.cz

Olomouc Emergency Rescue Service

www.zzsol.cz
info@zsol.cz

Pardubice Emergency Rescue Service

www.zzspak.cz
zzspak@zzspak.cz

Plzeň Emergency Rescue Service

www.zzspk.cz
info@zzspk.cz

Prague Emergency Rescue Service - Emergency Services Territorial Centre

www.zzshmp.cz
reditel@zzshmp.cz, sekretariat@zzshmp.cz

South Bohemian Emergency Rescue Service

www.zzsjck.cz
sekretariat@zzsjck.cz

South Moravian Emergency Rescue Service

www.zzsjmck.cz
info@zsjmk.cz

Ústí Emergency Rescue Service

www.zzsuk.cz
info@zssuk.cz, e-podatelna@zssuk.cz

Vysočina Emergency Rescue Service

www.zzsvysocina.cz
info@zssvysocina.cz, sekretariat@zssvysocina.cz

Zlín Emergency Rescue Service
www.zszlin.cz
nina.hudcova@zszk.cz

REGIONAL AUTHORITIES

www.statnisprava.cz/rstsp/ciselniky.nsf/i/d0045

Central Bohemian Region

www.kr-stredocesky.cz www.stredocech.cz
posta@kr-s.cz, podatelna@kr-s.cz, epodatelna@kr-s.cz

Hradec Králové Region

www.kr-kralovehradecky.cz
posta@kr-kralovehradecky.cz

Karlovy Vary Region

www.kr-karlovarsky.cz
epodatelna@kr-karlovarsky.cz
knihaprانيastiznosti@kr-karlovarsky.cz

Liberec Region

www.kraj-lbc.cz
info@kraj-lbc.cz

Moravian-Silesian Region

www.kr-moravskoslezsky.cz
posta@kr-moravskoslezsky.cz

Olomouc Region

www.kr-olomoucky.cz
posta@kr-olomoucky.cz

Pardubice Region

www.pardubickykraj.cz
posta@pardubickykraj.cz

Plzeň Region

www.kr-plzensky.cz
posta@plzensky-kraj.cz

Prague City Hall

www.praha-mesto.cz posta@cityofprague.cz

South Bohemian Region

www.kraj-jihocesky.cz
posta@kraj-jihocesky.cz

South Moravian Region

www.kr-jihomoravsky.cz www.jizni-morava.cz
posta@kr-jihomoravsky.cz, podatelna@kr-jihomoravsky.cz

Ústí Region

www.kr-ustecky.cz
epodatelna@kr-ustecky.cz, urad@kr-ustecky.cz

Vysočina Region

www.kr-vysocina.cz
posta@kr-vysocina.cz

Zlín Region

www.kr-zlinsky.cz
podatelna@kr-zlinsky.cz

REGIONAL PUBLIC HEALTH AUTHORITIES

Regional Public Health Authorities supervise healthcare providers, focusing on compliance with hygienic and anti-epidemic measures:

Central Bohemian Public Health Authority

www.khsstc.cz
podatelna@khsstc.cz

Hradec Králové Public Health Authority

www.khshk.cz
khshk@khshk.cz, e-podatelna@khshk.cz

Karlovy Vary Public Health Authority

www.khskv.cz
sekretariat@khskv.cz

Liberec Public Health Authority

www.khslbc.cz
posta@khslbc.cz, sekretariat@khslbc.cz

Moravia-Silesia Public Health Authority

www.khsova.cz
podatelna@khsova.cz

Olomouc Public Health Authority

www.khsolc.cz
podatelna@khsolc.cz, epodatelna@khsolc.cz

Pardubice Public Health Authority

www.khspce.cz
sekretariat@khspce.cz

Plzeň Public Health Authority
www.khsplzen.cz
podatelna@khsplzen.cz

Prague Public Health Authority
www.hygp Praha.cz
podatelna@hygp Praha.cz

South Bohemian Public Health Authority
www.khscb.cz
khscb@khscb.cz

South Moravian Public Health Authority
www.khsbrno.cz
podatelna@khsbrno.cz

Ústí Public Health Authority
www.khsusti.cz
sekretariat@khsusti.cz

Vysočina Public Health Authority
www.khsjih.cz
podatelna@khsjih.cz

Zlín Public Health Authority
www.khszlin.cz
podatelna@khszlin.cz

ENTITIES PROVIDING INFORMATION ABOUT QUALITY

For a current list of entities authorised to assess the quality and safety of health services, go to http://www.mzcr.cz/kvalitaabezpeci/dokumenty/seznam-opravnennyh-osob_7596_29.html

HEALTH INSURERS

Association of Health Insurers of the Czech Republic
www.szpcr.cz
info@szpcr.cz
Tel.: (+420) 234 462 108, (+420) 234 462 103
nám. W. Churchilla 1800/2, 130 00 Praha 3 - Žižkov

Všeobecná zdravotní pojišťovna ČR – 111
www.vzp.cz
info@vzp.cz, podatelna@vzp.cz
Tel.: Information centre – (+420) 952 222 222
Orlická 4/2020, 130 00 Praha 3

Vojenská zdravotní pojišťovna ČR – 201

www.vozp.cz

info@vozp.cz

Tel.: Information centre – (+420) 222 929 199

Drahobejlova 1404/4, 190 03 Praha 9

Česká průmyslová zdravotní pojišťovna – 205

www.cpzp.cz

posta@czzp.cz

Tel.: Infocentre: (+420) 810 800 000, (+420) 599 090 111

Jeremenkova 11, 703 00 Ostrava - Vítkovice

Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví – 207

www.ozp.cz

email: <https://portal.ozp.cz/>

Tel.: Information line: (+420) 261 105 555

Roškotova 1225/1, 140 00 Praha 4

Zaměstnanecká pojišťovna Škoda – 209

www.zpskoda.cz

zpskoda@zpskoda.cz

Tel.: (+420) 326 579 111, 326 579 120, Infoline (+800 209 000) 844 211 211

Husova 302, 293 01 Mladá Boleslav

Zdravotní pojišťovna Ministerstva vnitra ČR – 211

www.zpmvcr.cz

info@zpmvcr.cz

Tel.: (+420) 272 095 111, Infoline (+420) 844 211 211

Kodaňská 1441/46, 101 00 Praha 10

Revírní bratrská pokladna, zdravotní pojišťovna – 213

www.rbp-zp.cz

rbp@rbp-zp.cz

Tel.: Infoline (+420) 800 213 213, (+420) 596 256 111

Michálkovická 108, 710 15 Slezská Ostrava

PROFESSIONAL ORGANISATIONS OF PHYSICIANS AND NURSES

Česká lékařská společnost J. E. Purkyně z. s.

here you can find contacts to the medical companies associated in this organisation.

www.cls.cz

czma@cls.cz

tel.: (+420) 224 266 223, Sokolská 31, 120 26 Praha 2

Czech Association of Nurses

www.cnna.cz

kancelar@cnna.cz

Tel.: (+420) 222 523 818, Londýnská 15, 120 00 Praha 2

PROFESSIONAL CHAMBERS

Czech Medical Chamber

www.lkcr.cz

recepce@clkcr.cz

Tel.: (+420) 257 215 285

Czech Dental Chamber

www.dent.cz

Tel.: (+420) 234 709 611

Czech Chamber of Pharmacists

www.lekarnici.cz

komora@lekarnici.cz

Tel.: (+420) 261 006 502

PATIENT ORGANISATIONS AND ASSOCIATIONS

Czech Association of Consulting Centres for Disabled Persons

www.apzp.cz

info@apzp.cz

Tel.: (+420) 266 753 424, (+420) 604 235 885

Koalice pro zdraví, o. p. s.

www.koaliceprozdravi.cz

info@koaliceprozdravi.cz

Tel.: (+420) 261 174 079

ALZHEIMER'S DISEASE

Alzheimer centrum CB o. p. s.

www.alzheimercentrum.cz

cb@alzheimercentrum.cz

Tel.: (+420) 773 377 050

Česká alzheimerovská společnost, o. p. s.

www.alzheimer.cz

cals@gerontocentrum.cz

Tel.: (+420) 283 880 346

APHASIA

Aphasia Klub Afasie
www.klubafasie.com
info@klubafasie.com
Tel.: (+420) 776 754 080

Association for Augmentative and Alternative Communication SAAK
www.alternativnikomunikace.cz
spcvadyreci@seznam.cz
Tel.: (+420) 222 518 280

AUTISM

Portal on autism spectrum disorders – www.autismus.cz

Apla Hradec Králové
<http://autismus-pas.webnode.cz/>
apla.hk@seznam.cz
Tel.: (+420) 731 651 510

Apla North Bohemia
www.apla-sc.cz
info@apla-sc.cz
Tel.: (+420) 603 490 323

Apla South Bohemia
<http://jc.apla.cz/>
jc@aplajc.cz
Tel.: (+420) 608 519 000

Apla South Moravia
www.apla-jm.cz
kancelar@apla-jm.cz
Tel.: (+420) 548 220 345

Apla Vysočina
www.aplavysocina.cz
poradna@aplavysocina.cz
Tel.: (+420) 727 933 980

Association helping people with autism – APLA Praha, Střední Čechy, o. s.
www.praha.apla.cz
apla@apla.cz

Autistik

www.autistik.cz

autistik@volny.cz

Tel.: (+420) 605 400 865

BECHTEREW'S DISEASE

Klub bechtěreviků ČR, z. s.

www.klub-bechterevidku.cz

klub-bechterevidku@seznam.cz

Tel.: (+420) 605 256 826

BLIND, PARTIALLY-SIGHTED

Czech Unity of the blind and partially-sighted

www.sons.cz

sons@sons.cz

Tel.: (+420) 221 462 462

TyfloCentrum.cz – Directory of societies rendering services for the blind in regions

www.tyflocentrum.cz

info@tyflocentrum.cz, info@brno.brailnet.cz – company directory

BRAIN INJURY

Cerebrum 2007, o. s. – Association of persons post brain injury and their families

www.cerebrum2007.cz

info@cerebrum2007.cz

Tel.: (+420) 226 807 048

SAAK - Association for Augmentative and Alternative Communication

www.saak-os.cz

caak@brailnet.cz

Tel.: (+420) 222 518 280

CANCER PATIENTS

ALEN – non-profit association of women with cancer

www.alen.tym.cz

d.kelisoiva@seznam.cz

Tel.: (+420) 224 916 216, (+420) 732 273 834

Alliance of women with breast cancer

www.breastcancer.cz

aliance@breastcancer.cz

Tel.: (+420) 222 733 733

ARCUS – onkocentre

<http://arcus-oc.org/>

info@arcus-oc.org, poradnaprostejov.arcus@email.cz

Tel.: (+420) 603 533 288, (+420) 777 761 717

Brno League against cancer

www.onko.cz

liga@onko.cz

Tel.: (+420) 543 136 205, (+420) 543 134 300, (+420) 543 134 301

Club of patients with multiple myeloma

www.mnohocetnymyelom.cz

koordinatorka@mnohocetnymyelom.cz

Tel.: (+420) 603 310 523

DIAGNÓZA CML o. s. – chronic myeloid leukaemia

<http://diagnoza-cml.cz/>

janapel@centrum.cz

Tel.: (+420) 728 308 360

Klub ŽAP – women with tumours

www.klubzap.cz

klub.zap@seznam.cz

Tel.: (+420) 605 700 360

LYMFOM HELP, o. s.

www.lymfomhelp.cz

info@lymfomhelp.cz

Tel.: (+420) 724 370 065

Mamma HELP

www.mammahelp.cz

mammahelp@mammahelp.cz

Tel.: (+420) 272 731 000, (+420) 272 732 691, (+420) 739 632 883

Prague League against cancer

www.lpr.cz

lpr@lpr.cz

Tel.: (+420) 224 919 732

Tumour line: (+420) 224 920 935

COELIAC DISEASE

Czech Association of Coeliacs

www.celiac.cz

info@celiac.cz, poradna@celiac.cz

Tel.: (+420) 602 273 173

CYSTIC FIBROSIS

Information portal – www.cystickafibroza.cz

Klub nemocných cystickou fibrózou, o. s.

www.cfklub.cz

info@cfklub.cz

Tel.: (+420) 257 211 929

DEAF AND HARD OF HEARING PERSONS

ASNEP – Association of organisations for deaf and hard of hearing persons and their friends

www.asnep.cz

reditelka.asnep@gmail.com

Tel.: (+420) 724 173 217

Association of cochlear implant users (SUKI) Prague

www.suki.cz

info@suki.cz

Tel.: (+420) 606 438 393

Brno Union of the Deaf

www.neslyfici.net

unb@cmjn.cz

Tel.: (+420) 725 605 216, (+420) 541 245 321

Břeclav Union of the Deaf

www.snbreclav.cz

snbreclav@seznam.cz

Tel.: (+420) 519 332 251

Czech club of persons who have lost hearing

<http://ohluchli.sweb.cz>

cko-praha@volny.cz

Tel.: (+420) 251 566 108

Czech Union of the Deaf

www.cun.cz

deafunie@cun.cz

Tel.: (+420) 224 827 152

Czech-Moravian Union of the Deaf

www.cmjn.cz – Association of regional unions of the deaf

cmjn@cmjn.cz

Tel.: (+420) 541 245 321

HELP - Czech Club of hard of hearing persons

www.home.tiscali.cz/ckn_help/

cknh.zdenek@tiscali.cz

Tel.: (+420) 377 420 934

Jihlava Union of the Deaf

www.jihlava-un.eu

jihlava.un@seznam.cz

Tel.: (+420) 773 586 003

Olomouc Union of the Deaf

www.ounol.cz

ounol@ounol.cz

Tel.: (+420) 585 225 597

Pevnost – Czech centre of sign language

www.pevnost.com

pevnost@pevnost.com

Tel.: (+420) 603 841 456

Plzeň Union of the Deaf

www.pun.cz

posta@pun.cz

Tel.: (+420) 377 421 124

Union of deaf and hard of hearing persons in the CR

www.snn-cr.cz

snn-cr@snn-cr.cz

Tel.: (+420) 224 816 829

DIALYSIS, TRANSPLANTATION

Society of Dialysed and Transplanted Patients

www.znovu.cz

prezidium@spoldat.cz, poradna@spoldat.cz

Tel.: (+420) 261 215 616

DOWN SYNDROME

Down syndrome Section, SPMP CR

<http://downuv-syndrom.cz>

inclusion-jablonec@seznam.cz

Tel.: (+420) 483 314 557

Families and Friends of Children with Down Syndrome

www.downsyndrom.cz

downsyndrom@downsyndrom.cz

Tel.: (+420) 603 440 442, (+420) 733 583 786

Mandlové oči

www.mandloveoci.cz

mandlove.oci@centrum.cz

Tel.: (+420) 737 530 585, (+420) 737 424 308

EATING DISORDERS

Anabell – Association for persons suffering from anorexia and bulimia

www.anabell.cz

posta@anabell.cz

Tel.: (+420) 542 214 014

EPILEPSY

E Society - for patients with epilepsy

www.spolecnost-e.cz

info@spolecnost-e.cz

Tel.: (+420) 241 722 136

GROWTH DISORDERS

Paleček – Association of short-growth people

www.ospalecek.cz

eles.kt@tiscali.cz

Tel.: (+420) 416 591 528, (+420) 728 100 289

HANDICAPPED ATHLETES

Czech Union of Wheelchair Tennis Players

www.cwta.cz

cwta@cwta.cz

Tel.: (+420) 545 211 035, (+420) 777 684 578

Kontakt bB Praha

www.kontaktbb.cz

paha@kontaktbb.cz, brno@kontaktbb.cz, karlovy.vary@kontaktbb.cz,

ceske.budejovice@kontaktbb.cz

Tel.: (+420) 724 219 068, (+420) 724 372 773, (+420) 724 338 231

HANDICAPPED CHILDREN

Association for complex care in child cerebral palsy

www.dmoinfo.cz

sdmo@dmoinfo.cz

Tel.: (+420) 602 727 472, (+420) 720 994 008

Association of parents and friends of children with diabetes in the CR

www.diadeti.cz

info@diadeti.cz

Tel.: (+420) 257 532 297, (+420) 607 605 077

Association of parents and friends of handicapped children in the CR

www.arpzpd.cz

asociace@arpzpd.cz

Tel.: (+420) 224 817 438, (+420) 224 817 393

BOLÍTO Praha

www.bolito.cz

zajicek@fnkv.cz

Tel.: (+420) 267 163 382

Klíček Foundation and association

www.klicek.org

klicek@klicek.org

Tel.: (+420) 775 204 109

www.detivnemocnici.cz

Tel.: (+420) 224 817 438, 224 817 393

Motýlek - Association helping children with handicaps

www.motylek.org

motylek@motylek.org

Tel.: (+420) 281 912 081, (+420) 775 964 765

Parent Project - Association of Parents of Children with Muscular Dystrophy DMD/BMD

www.parentproject.cz

parentproject@parentproject.cz

Tel.: (+420) 776 001 206-7

SAAD – Association for children with allergies and asthma

<http://saad.davi.cz>

Šance – Association of parents and friends of children with haematology and oncology diseases

www.sancecz.org

sance@sancecz.org

HEMATOGENESIS DISORDERS

Czech Union of Haemophiliacs

www.hemofilici.cz

info@hemofilici.cz

Tel.: (+420) 777 078 509

HAIMA CZ – Association helping children with haematology and oncology diseases

www.haima.cz – contains links to centres in the CR where HAIMA works

Tel.: (+420) 777 650 600

INTESTINAL DISEASES

Association of patients with idiopathic intestinal diseases

www.crohn.cz

info@crohn.cz

Tel.: (+420) 773 209 320

České ILCO, z. s. – Association of people with stomas

www.ilco.cz

info@ILCO.cz

Tel.: (+420) 728 870 963

MENTAL DISEASES, MENTAL HEALTH

Association Helping People with Mental Disorders

www.brailnet.cz/spmp

info@brailnet.cz

Tel.: (+420) 224 815 912

Czech Art-therapy Association

www.arteterapie.cz

caa@volny.cz

ČAPZ – Czech Association for Mental Health

www.capz.cz

info@capz.cz

Tel.: (+420) 224 946 196, (+420) 777 783 019

FOKUS

www.fokus-cr.cz

info@fokus-cr.cz

Tel.: (+420) 233 551 241

Kolumbus, o. s. – for Czech psychiatric care users
www.os-kolumbus.org
tylich.tom@seznam.cz
Tel: (+420) 774 279 357

Sdružení pomoci duševně nemocným ČR, z. s.
www.spdn-cr.org
zavisek@volny.cz
Tel.: (+420) 724 240 840, (+420) 549 418 205

SYMPATHEA, o. p. s. – organisation of parents and relatives of mentally ill
www.sympathea.cz
sympathea@sympathea.cz
Tel.: (+420) 776 240 504

VIDA, o. s. – national organisation of people with mental diseases
www.vidacr.cz
vida@vidacr.cz
Tel.: (+420) 233 372 668

MUSCULAR DYSTROPHY

Association of Parents of Children with Muscular Dystrophy DMD/BMD
www.parentproject.cz
parentproject@parentproject.cz
Tel.: (+420) 776 001 206-7

Czech Association of Muscular Dystrophics
www.amd-mda.cz
info@amd-mda.cz

NEUROLOGIC DISORDERS

Association of young sclerotics
www.mladisklerotici.cz
majka@klubsms.cz, rscentrum@vfn.cz
Tel.: (+420) 224 966 515

Parkinson-Help z.s.
www.parkinson-help.cz
romana@parkinson-help.cz
Tel.: (+420) 273 160 062, (+420) 732 540 715

Parkinson společnost o. s.
www.spolecnost-parkinson.cz
kancelar@spolecnost-parkinson.cz
Tel.: (+420) 272 739 222

POLIO Association

www.polio.cz

lubra@volny.cz

Tel.: (+420) 474 552 498, (+420) 723 138 611

RETT-COMMUNITY Association

www.rett-cz.com/cz

info@rett-cz.com

Tel.: (+420) 606 313 487, (+420) 724 675 428

SAAK - Association for Augmentative and Alternative Communication

www.saak-os.cz

caak@brailnet.cz

Tel.: (+420) 222 518 280

UNIE ROSKA v ČR – Czech multiple sclerosis society

www.roska.eu

roska@roska.eu

Tel.: (+420) 241 728 619

PSORIASIS

Association of persons suffering from psoriasis and atopic eczema in the CR

www.brailnet.cz/spae/

PULMONARY DISEASES

Association of patients with chronic obstructive pulmonary disease

<http://spchopn.ppzdravi.cz>

sdruzenipacchopn@volny.cz

Tel.: (+420) 603 884 672

Association of patients with pulmonary hypertension

www.plicni-hypertenze.cz

info@plicni-hypertenze.cz

Tel.: (+420) 731 743 466

ČIPA, o.p.s. – Czech initiative for asthma

www.cipa.cz/infolinka

cipa@volny.cz

Tel.: (+420) 224 266 229

RARE DISEASES

Association for patients with Prader-Willi syndrome

www.prader-willi.cz
ospws@email.cz
Tel.: (+420) 603 540 357

C-M-T Association (Charcot-Marie-Tooth diagnosis)

www.c-m-t.cz
c-m-t@post.cz
Tel.: (+420) 605 258 522, (+420) 724 330 798

Czech Association for rare diseases

www.vzacna-onemocneni.cz
cavo@vzacna-onemocneni.cz
Tel.: (+420) 774 151 290

DEBRA CR

www.debra-cz.org
Tel.: (+420) 532 234 318

META, o. s. – Association of patients with storage diseases

www.sdruzenimeta.cz
info@sdruzenimeta.cz
Tel.: (+420) 777 214 258

Society for mucopolysaccharidosis

www.mukopoly.cz
spmps@seznam.cz
Tel.: (+420) 776 313 200

Society helping patients with Huntington's disease

www.huntington.cz
info@huntington.cz
Tel.: (+420) 775 321 784

REHABILITATION

Czech hippo-rehabilitation society

www.chs.unas.cz
czhs@seznam.cz
Tel.: (+420) 296 569 612

Czechoslovak Rehabilitation Society Dr. Vojta

www.vojtovaspolecnost.cz
info@vojtovaspolecnost.cz
Tel.: (+420) 220 877 001

RHEUMATOLOGY DISEASES

REVMA-LIGA in the CR

www.revma.cz/liga

info@revmaliga.cz

SENIORS

Council of Czech Seniors

www.rscr.cz

rscr@rscr.cz

Tel.: (+420) 234 462 073-7

Život 90 – Humanitarian activities and assistance to seniors

www.zivot90.cz

poradna@zivot90.cz

Tel.: (+420) 222 333 500

STROKE

CVA Association - Strokes

www.sdruzenicmp.cz

scmp@volny.cz

Tel.: (+420) 776 721 519, 777 610 827

Tel.: (+420) 272 933 777

HEALTH HANDICAPS, PHYSICAL HANDICAPS

Association of Friends of Konto Bariery

www.muzes.cz

info@muzes.cz

Tel.: (+420) 224 242 973

Centres for disabled persons by region:

- Hradec Králové – www.czphk.cz, www.daneta.cz
- Liberec – www.czplk.cz
- Moravia-Silesia – www.czp-msk.cz
- Pardubice – www.czp-pk.cz
- Plzeň – www.czppk.cz
- Prague Centre for people with disabilities – www.czppraha.cz
- South Bohemia – www.czpjk.cz
- Ústí – www.krcentrum.cz
- Vysočina – www.zdravotnepostizeni-vysocina.cz
- Zlín – www.czp-zk.cz

Czech association of patients with civilisation diseases

www.spcch.cz
centrum@spcch.cz
Tel.: (+420) 224 812 225

Czech National Council of Disabled Persons

www.nrzp.cz
nrzp@nrzp.cz
Tel.: (+420) 266 753 421

Czech Union of Disabled Persons

www.svaztp.cz
info@svaztp.cz
Tel.: (+420) 224 890 453

FOSA o. p. s. – Agency for supported employment

<http://www.fosaops.org/>
fosaops@fosaops.org
Tel.: (+420) 271 910 016, (+420) 775 350 115

League for rights of wheelchair persons

www.ligavozic.cz
info@ligavozic.cz
Tel.: (+420) 537 021 493, (+420) 777 010 331

ParaCENTRUM Fenix

www.paracentrum-fenix.cz
info@pcfenix.cz
Tel.: (+420) 547 210 382, (+420) 733 589 567

Petýrkova Club – Assistance service for wheelchair persons

www.kvp.cz
info@kvp.cz
Tel.: (+420) 272 935 460

Prague organisation of wheelchair persons

www.pov.cz
ifo@pov.cz
Tel.: (+420) 224 826 078, (+420) 224 827 210

PROSAZ, z. s. – Society for social rehabilitation of people with disabilities

www.prosaz.cz
prosaz@prosaz.cz
Tel.: (+420) 296 113 214, (+420) 777 701 419

SAOP – Integration centre for children and kindergarten

www.dic-saop.cz
dic.saop@volny.cz
Tel.: (+420) 241 470 291

Union of paraplegics – Centrum Paraple
www.paraple.cz
paraple@paraple.cz
Tel.: (+420) 274 771 478

We welcome news about the existence of any other patient associations to be included to the next edition of the Patient Guide.

Thank you.

09/
ANNEXES



LEGISLATION REGULATING THE QUALITY AND SAFETY OF HEALTHCARE

[Act 372/2011](#), on health services and conditions of their provision (Health Services Act), as amended

[Act 373/2011](#), on specific health services, as amended

[Act 374/2011](#), on the Emergency Rescue Service, as amended

[Act 258/2000](#), on protection of public health and amending certain related acts, as amended

[Act 378/2007](#), on protection of public health and amending certain related acts, as amended

[Act 95/2004](#), on the conditions of recognition of professional qualification for physicians, dentists and pharmacists, as amended

[Act 96/2004](#), on the conditions of obtaining and recognizing qualifications for non-medical professions and activities related to the provision of health care, as amended (Non-Medical Professions Act), as amended

[Act 268/2014](#), on medical devices and on amendments to Act 634/2004, on administrative fees, as amended

[Act 285/2002](#), on the donating, taking and transplanting of tissues and organs and on amendment to certain acts (Transplantation Act), as amended

[Act 198/2002](#), on volunteer services and amending certain related acts (Volunteer Services Act), as amended

[Act 48/1997](#), on public health insurance and on the amendment of some other related acts, as amended

[Government Decree 307/2012](#), on the local and temporal availability of health services, as amended

- Implementing regulation to Act 48/1997, on public health insurance and on the amendment of some other relevant laws, as amended

[Decree 102/2012](#), on the evaluation of quality and safety of inpatient healthcare

- Implementing regulation to Section 98 (7) of Act 372/2011

[Decree 99/2012](#), on requirements for minimum staffing in healthcare, as amended

- Implementing regulation to Section 11 (4) of Act 372/2011

[Decree 92/2012](#), on requirements for minimum technical and material equipment in healthcare facilities and homecare contact points

- Implementing regulation to Section 11 (6) of Act 372/2011

[Decree 70/2012](#), on preventive examinations

- Implementing regulation to Section 5 (3) of Act 372/2011

[Decree 410/2012](#), on determination of the rules and procedures during medical irradiation

- Implementing regulation to Section 72 (3) of Act 373/2011

[Decree 306/2012](#), on conditions preventing the incidence and dissemination of infectious diseases and on hygiene requirements for the operation of health facilities and social care institutions

[Decree 187/2009](#), on minimum requirements for the General Medicine, Dental Medicine and Pharmacy study programmes, and on the General Practitioner educational programme

[Decree 84/2008](#), on good pharmaceutical practice, detailed conditions for handling pharmaceuticals in pharmacies, healthcare facilities and other operators issuing medicinal products, as amended

Decree 55/2011 coll., on activities of health and other professionals

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MoHCR Bulletin 1/2010
MoHCR Bulletin 9/2011
MoHCR Bulletin 11/2011
MoHCR Bulletin 5/2012
MoHCR Bulletin 8/2012
MoHCR Bulletin 2/2013
MoHCR Bulletin 2/2015
MoHCR Bulletin 16/2015

For a survey of applicable legislation go to the MoHCR website www.mzcr.cz, Section Legislation.

SAMPLE INFORMED PATIENT CONSENT WITH HOSPITALISATION AND APPOINTMENT OF PERSONS WHO MAY BE INFORMED ABOUT THE PATIENT'S HEALTH

INFORMED CONSENT WITH HOSPITALISATION

Patient's details	
First name and surname:	
Birth ID No:	
Permanent residence:	
Health insurer:	
Ward:	

Legal guardian's details	
First name and surname:	
Birth ID No:	
Permanent residence:	
Relation to the patient:	

Waiver on the provision of information about my health

I have been informed about this option and I expressly waive the provision of information about my health.

(Please check this if you wish to waive the provision of information).

Reason for hospitalisation:

I, the patient (legal guardian) hereby represent I have been informed in a comprehensible way by a physician about the reasons and necessity of hospitalisation, about a serious state of health and its possible development, about the advantages of the diagnostic and therapeutic procedure and its anticipated success and consequences. I have also been informed about any consequences and possible complications, risks and effects if I refuse hospitalisation, and about alternative therapeutic or diagnostic options. I have been explained potential problems during recovery and potential restrictions on my usual way of life. I have been given an opportunity to ask additional questions, which were answered in a comprehensible way by the physician.

I was told I have the right to refuse or interrupt my hospitalisation at any time. I understand that if taken, this decision will not adversely affect the subsequent treatment of me as a patient at the hospital by the physician and attending staff members. I have the legal capacity to sign this consent.

3. I agree with the placement of an ID bracelet on my wrist (ankle); the ID bracelet contains my first name, surname, date of birth, health insurer code, and ward ID.

YES NO

4. Students at medical faculties and students of non-medical fields under the supervision of health professionals may be present when I am receiving treatment.

YES NO

5. In the event my health is adversely affected, my personal data and data from my medical records will be made available to the insurance company with which the healthcare provider has arranged liability insurance, and to the insurance broker that manages this insurance. The involved entities are obliged to comply with data protection legislation.

YES NO

6. If audio-visual records of my treatment are made during my hospitalisation, they can be used for scientific and educational purposes and presented at health facility workshops, at congresses, or published in professional journals. Records will be made only of the parts of my body directly associated with the treatment. Personal data about my person (first name, surname) and sensitive personal data (date of birth, birth ID number), or other identification marks will not be published in those presentations.

YES NO

7. I have been informed that only medications prescribed to me by my attending physician will be used for my treatment. I will not use any other medications without my physician's consent. I will surrender all medications, if any, that I have brought to the hospital to the attending staff; the medications will be returned to me at the end of my hospitalisation. If I refuse to surrender these medicines to the attending staff, I assume all liability if they are misused by a third person.

8. I have been informed about the smoking ban inside the hospital and I undertake to respect it.

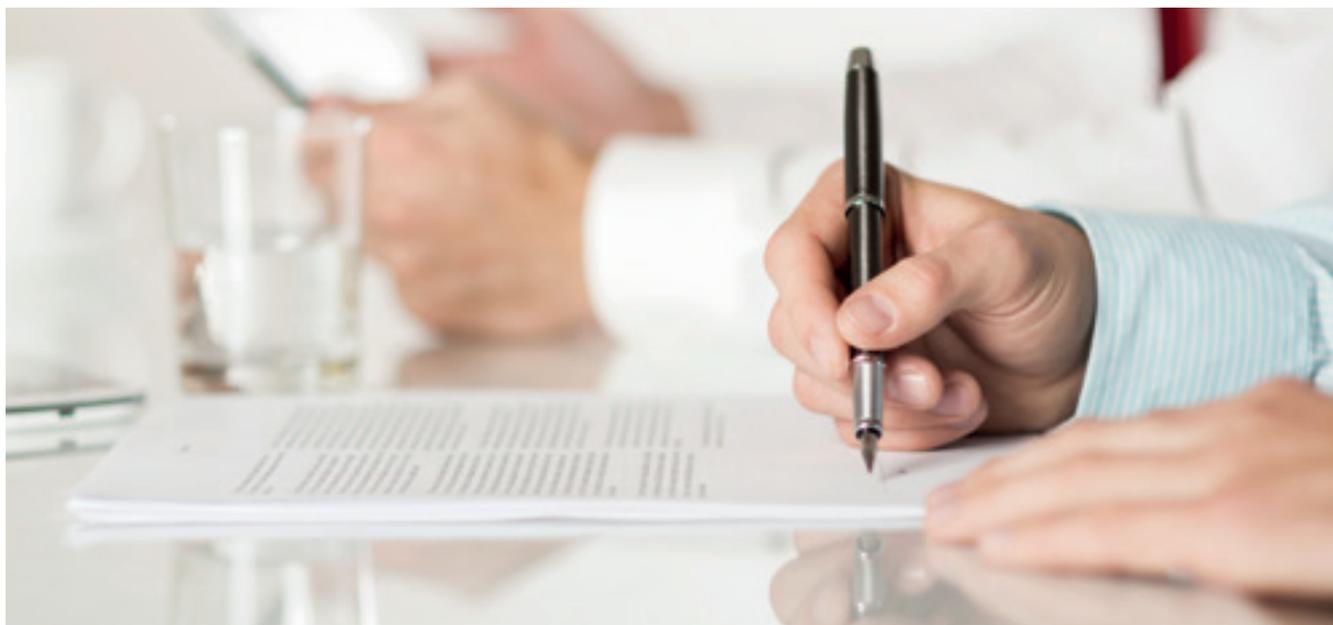
At date time.

.....
Patient's (legal guardian's) signature

.....
Signature of minor patient over 14 years of age

.....
Name and Signature of nurse/NLZP

If any YES - NO fields are not checked, the patient is understood to have consented.



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