

Electronic Portal MeinLUKS

Access authorisation for representatives

Power of attorney*

Surname, first name: _____

Date of birth, place of birth: _____

Street, house number: _____

Postcode, place: _____

Representative*:

Surname, first name: _____

Date of birth: _____

Street, house number: _____

Postcode, place: _____

Mobile phone: _____

Email address: _____

Social insurance number: _____

(You can find the representative's social insurance number (OASI no.) on the health insurance card.)

*All personal details must be completed in order for access authorisation to be granted.

I hereby grant my representative the right to access my patient documentation (patient file) in the electronic patient portal MeinLUKS of the LUKS Group.

In doing so, I grant the following access authorisation:

- Reading authorisation only:** Your person of trust only has authorisation to read your MeinLUKS patient file. They can see your clinical information, but are not authorised to perform any activities.
- Authorisation for activities only:** Your person of trust can perform the same activities in your MeinLUKS account as you (e.g. managing appointments, filling out questionnaires), but does not have permission to read your clinical information.
- Unrestricted authorization:** Your person of trust can perform the same activities in your MeinLUKS account as you (e.g. managing appointments, filling out questionnaires), but does not have permission to read your clinical information.

Please sign the reverse side of the form



Declaration with unrestricted authorisation

I am aware that my representative is acting on my behalf and at my expense within MeinLUKS, and that my representatives' actions oblige me, e.g. to attend appointments that have been booked.

Withdrawal of access authorisation

You can revoke access authorisation at any time via the following channels:

- electronically in MeinLUKS (Menu, My Access Management, Patient File, Manage Access for Friends and Family)
- in person at a location within the LUKS Group (Lucerne, Sursee, Wolhusen or Stans) on presentation of an identity document (ID, passport)
- in writing with all personal details pertaining to you and the representative, including your signature. This should be addressed to Luzerner Kantonsspital, MeinLUKS-Support, Spitalstrasse, 6000 Luzern 16

LUKS reserves the right to restrict or disable certain functions of MeinLUKS (e.g. sending of messages) for representatives.

This declaration does not expire with the loss of capacity to act or judge or in the event of death.

I have read and agree to the terms of use of MeinLUKS.

Patient label

Place and date

Power of attorney

ID checked by secretary's office