

Electronic Portal MeinLUKS for children

Access authorisation for parents/legal representatives

Patient (child)

Surname, first name: _____

Date of birth, place of birth: _____

Street, house number: _____

Postcode, place: _____

Custodial parent/legal representative*

Surname, first name: _____

Date of birth: _____

Street, house number: _____

Postcode, place: _____

Mobile phone: _____

Email address: _____

Social insurance number _____


(Your social insurance number (OASI no.), not the child's; you can find this on your health insurance card)

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

As the custodial parent/legal representative, I have the right to access the child's patient documentation (patient file) in the electronic patient portal MeinLUKS of the LUKS Group.

I am granted reading access and the right to

- send appointment requests
- download and send the patient summary report
- view and manage past and upcoming appointments

Please sign the reverse side of the form 

Confirmation

As the undersigned parent/legal representative, I confirm that I have custody of the child or act as the child's legal representative, and have discussed the access authorisation with the child, insofar as the age of the child permits.

Withdrawal of access authorisation

Access authorisation may be revoked by the child in person at any time at a location within the LUKS Group (Lucerne, Sursee, Wolhusen or Stans) on presentation of an identity document (ID, passport).

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

Custodial parent / legal representative

If necessary, ID checked by secretary's office