

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: _____

*All personal details must be completed for a valid power of attorney.

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

In doing so, I grant the following access authorisation:

Reading rights only – my representative has access to my patient file.

They may read information, but cannot edit or manage it.

Full access – my representative has reading rights and the right to:

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

Full access with administration authorisation (power of attorney) –

my representative has right of full access and the right to add or remove additional representatives.

Please sign the reverse side of the form



Withdrawal of access authorisation

I may revoke access authorisation and power of attorney at any time via the following channels:

- electronically in MeinLUKS (profile → account settings)
- in person at LUKS (Lucerne, Sursee and Wolhusen) on presentation of an identity document

(ID, passport, driving licence)

- in writing with a signature

Declaration for full access

I hereby agree that my representative will act in my name and on my account in MeinLUKS.

I am aware that the actions of the representative authorise or oblige me directly (e.g. appointment bookings).

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