

DECLARATION OF SELECTION OF THE PRIMARY HEALTH CARE PROVIDER AND PRIMARY CARE DOCTOR

I. DETAILS OF THE RECIPIENT												
1. First name						2. Surname						
3. Date of birth			4. PESEL number, or in its absence, the series and number of an identity document									
-- -- / -- -- / -- -- <i>day - month - year</i>												
5. Address												
5A. Street				5B. House/ unit No.				5C. Postal code and city/town				
6. Phone Number <i>(optional)</i>												
7. E-mail address <i>(optional)</i>												
8. Details of legal guardian <i>(if the beneficiary is a minor or a completely incapacitated person¹⁾)</i>												
8A. First name			8B. Surname				8C. Phone number <i>(optional)</i>					
Address												
8D. Street				8E. House/ unit No.				8F. Postal code and city/town				
8G. First name			8H. Surname				8I. Phone number <i>(optional)</i>					
Address												
8J. Street				8K. House/ unit No.				8L. Postal code and city/town				

II. DETAILS OF SERVICE PROVIDER	
<p>9. In accordance with Art. 9 sec. 1 of the Act of 27 October, 2017 on Primary Healthcare (Journal of Laws 2020 item 172) I declare my choice of:</p>	
<p>9A. Name (company) of the service provider</p>	
<p>9B. Address of the service provider</p>	
<p>10. In the current calendar year I am choosing ²:</p>	
<p><input type="checkbox"/> for the first or second time</p>	<p><input type="checkbox"/> third time (or more)³</p>
<p>11. If the provider was selected three or more times in the current calendar year please indicate the reason from the following options:</p>	
<p><input type="checkbox"/> reason specified in Art. 9 sec. 5 of the Act of 27 October 2017 on Primary Healthcare</p> <ul style="list-style-type: none"> <input type="radio"/> relocation <input type="radio"/> discontinuation of the provision of healthcare services by the selected healthcare provider, or primary healthcare physician working for the selected healthcare provider <input type="radio"/> reaching the age of 18, if the primary care physician is a doctor with 1st or 2nd degree specialization or the title of specialist in paediatrics <input type="radio"/> for other reasons attributable to the service provider (please specify) <p><input type="checkbox"/> another reason</p>	
III. DETAILS OF PRIMARY CARE PHYSICIAN	
<p>12. In accordance with Art. 9 sec. 2 of the Act of 27 October, 2017 on Primary Healthcare, I declare my choice of:</p>	
<p>Name of primary care physician</p>	
<p>13. In the current calendar year I am choosing ²:</p>	
<p><input type="checkbox"/> for the first or second time</p>	<p><input type="checkbox"/> third time (or more)³</p>
<p>14. If the provider was selected three or more times in the current calendar year please indicate the reason from the following options:</p>	
<p><input type="checkbox"/> reason specified in Art. 9 sec. 5 of the Act of 27 October 2017 on Primary Healthcare</p> <ul style="list-style-type: none"> <input type="radio"/> relocation <input type="radio"/> discontinuation of the provision of healthcare services by the selected healthcare provider, or primary healthcare physician working for the selected healthcare provider <input type="radio"/> reaching the age of 18, if the primary care physician is a doctor with 1st or 2nd degree specialization or the title of specialist in paediatrics <input type="radio"/> for other reasons attributable to the service provider (please specify) <p><input type="checkbox"/> another reason</p>	
<p>..... (Date)</p>	<p>..... (signature of beneficiary or legal representative ⁵)</p>

EXPLANATIONS:

- 1) Declarations made by legal representatives on behalf of minors after they reach the age of maturity remain valid until another primary care physician is selected, and in the event that a primary care physician is a doctor with 1st or 2nd degree specialization or the title of specialist in the field of paediatrics, the declarations remain valid with regard to the selection of a healthcare provider until another primary health care physician or a new healthcare provider is selected (Article 6 (3) and Article 10 (7) of the Act of 27 October 2017 on Primary Healthcare).
- 2) The beneficiary has the right to choose a healthcare provider or a primary care physician free of charge no more than twice a calendar year, and for each subsequent change, he/she shall pay a fee of PLN 80. The beneficiary does not pay a fee in the event of relocation or in the event of discontinuation of the provision of healthcare services by the selected healthcare provider or the primary care physician working for the selected healthcare provider, or when the beneficiary whose primary care physician is a 1st or 2nd degree specialist or holds the title of specialist in the field of paediatrics, has reached the age of 18, or for other reasons attributable to the healthcare provider (Article 9 (4) and (5) of the Act of 27 October 2017 on Primary Healthcare).
- 3) If the provider was changed three or more times please indicate if the reason for that is one specified in Art. 9 sec. 5 of the Act of 27 October 2017 on Primary Healthcare, i.e. relocation or the discontinuation of the provision of healthcare services by the selected healthcare provider or the primary care physician working for the selected healthcare provider, or when the beneficiary whose primary care physician is a 1st or 2nd degree specialist or holds the title of specialist in the field of paediatrics, has reached the age of 18, or for other reasons attributable to the healthcare provider
- 4) The beneficiary may choose a primary care physician, primary care nurse or primary care midwife with the same healthcare provider, different healthcare providers or who are healthcare providers themselves. (Art. 9 sec. 3 of the Act of 27 October 2017 on Primary Healthcare).
- 5) To be completed in the case of a declaration submitted in paper or electronic form, referred to in Art. 10 sec. 1 items 1 or 2 of the Act of 27 October 2017 on Primary Healthcare.