

Kantonsspital Graubünden
Departement Services
Patientenadministration
Loëstrasse 170
CH-7000 Chur



Disclosure of medical information

I herewith authorise the doctors of the Cantonal Hospital of Graubünden to disclose the necessary medical information on me to the physician/institution carrying out the pre or post-treatment.

yes no

I confirm that

- I have been informed that my authorisation is voluntary;
- I know that I can revoke this authorisation at any time without having to state the reasons.

.....
Place, date, legally valid signature of the patient/person concerned or his/her authorised representative