

Form for the designation of the trusted person

(as defined in article L.1111-6 of the Public Health Code)

I, the undersigned, surname, first names, date and place of birth :

.....
.....
.....
.....

Do not wish to designate a trusted person

I acknowledge that I have been informed of the possibility of nominating a trusted person for the duration of my stay. However, I do not wish to designate a trusted person, knowing that I can designate one at any time. In this case, I undertake to inform the establishment in writing.

I appoint the following trusted person

Name, first names :

.....

Address :

.....

Private telephone : Professional : Mobile :

E-mail :

→ I give my advance directives or my wishes if one day I am no longer able to express myself :

yes no

→ The trusted person has a copy of my advance directives :

yes no

Written at :

On :

Signature

Signature of the trusted person