

THE PERSON OF TRUST/ REPRESENTATIVE

WHAT IS A PERSON OF TRUST?

My person of trust helps me with information related to my health. The person of trust helps me:

- when I receive information about my health.
- if I would rather not receive information from my care provider myself.
- if I want to know something about my health record.
- if I want to make a complaint.

I choose someone that I trust. This person agrees to be my person of trust. I write the name of my person of trust in a document so the care providers know.

This document is available on the FOD Volksgezondheid website: www.health.belgium.be/nl/formulier-aanwijzing-vertrouwenspersoon.

I ask each care provider to add the name and contact details of my person of trust to my file.

WHY SELECT A PERSON OF TRUST?

Do you not want to make decisions about your care alone? Do you want care providers to not only give you information, but always consult another person, too? Then choose a person of trust to help you.

WHAT IS A REPRESENTATIVE?

If I am no longer in a position to make decisions about my health/medical condition myself, a representative can make these decisions on my behalf. I can choose my representative beforehand.

I choose someone that I trust. This person agrees to be my representative. I enter this information in a document. This is so care providers know who my representative is if something happens to me ...

This document is available on the FOD Volksgezondheid website: www.health.belgium.be/nl/formulier-aanwijzing-vertegenwoordiger.

I ask each care provider to add the name and contact details of my representative to my file.

WHY DO I NEED A REPRESENTATIVE?

If something serious happens to you and you are no longer able to make decisions yourself, someone else will decide.

If you have designated a representative, this person will decide for you. If you have not specified anyone to represent you, the following persons will decide about your condition (in this order):

1. co-habiting spouse or legally / actually co-habiting partner
2. child over the age of 18
3. parent
4. brother/sister over the age of 18
5. care provider

MY PERSON OF TRUST / REPRESENTATIVE


Person of trust: someone I choose to help and support with my care and health.

Representative: some I choose to make decisions about my health if I am no longer able to.

- I choose someone that I completely trust.
- I ask this person to be my person of trust or representative.
- This person agrees. Together, we enter this in a document.



I ask my doctor and my pharmacist to enter the name and details of my person of trust or representative in my file.


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