

Template form

**Informed and Voluntary Consent to Undergo the Medical Interventions Included in the List of Certain Types of Medical Interventions for Which Citizens Provide Informed Voluntary Consent When Choosing a Doctor and Medical Institution to Receive Primary Medical Care**

I, \_\_\_\_\_  
(full name of the patient)  
" \_\_\_\_\_ " \_\_\_\_\_ (date of birth) registered at the following address:  
\_\_\_\_\_  
(residential address of the patient or their legal representative)

hereby provide an informed voluntary consent to undergo the medical interventions included in the List of Certain Types of Medical Interventions for Which Citizens Provide Informed Voluntary Consent When Choosing a Doctor and Medical Institution to Receive Primary Medical Care, approved by Directive No. 390H of the Ministry of Health and Social Development of the Russian Federation, dated April 23, 2012 (registered by the Ministry of Justice of the Russian Federation on May 5, 2012 under No. 24082) (hereinafter referred to as the "List"), to receive primary medical care or allow the patient whom I legally represent to receive primary medical care (cross out the option that does not apply) at

the Municipal Polyclinic No. 3 under the City of Moscow Healthcare Department \_\_\_\_\_  
(full name of medical institution)

The medical officer \_\_\_\_\_  
(job title and full name of medical officer)

has clearly explained to me the goals, methods of medical care, associated risks, possible types of medical interventions and their consequences, including the likelihood of complications, as well as the expected results of the provided medical care. I have been informed that I have the right to refuse to undergo one or more types of medical interventions included in the List or to demand that such interventions are ceased, except in cases specified in Part 9, Article 20 of Federal Law No. 323-FZ "On the Fundamentals of Health Protection of Citizens in the Russian Federation," dated November 21, 2011 (Collection of Russian Legislation, 2011, No. 48, Art. 6724; 2012, No. 26, Art. 3442, 3446).

Details of individuals who, in accordance with Paragraph 5, Part 5, Article 19 of Federal Law No. 323-FZ "On the Fundamentals of Health Protection of Citizens in the Russian Federation," dated November 21, 2011, will be entitled to receive information on my health condition or the health condition of the patient whom I legally represent (cross out the option that does not apply)

\_\_\_\_\_  
(full name, contact phone number)

\_\_\_\_\_  
(signature) \_\_\_\_\_  
(full name of the patient or their legal representative)

\_\_\_\_\_  
(signature) \_\_\_\_\_  
(full name of medical officer)

" \_\_\_\_\_ " \_\_\_\_\_  
(date of signing)