

Authorization

I,

born

at the moment kept in hospital or wherever,

appoint and authorize according to the corresponding juridical regulations

as my **representative**

Mrs/Mr.....

address:.....

.....

My representative is authorized to safeguard and to defend my interests and me in all matters related to my current detention.

My representative is authorized, in case of compulsory medical treatment, to detect all the facts and circumstances, especially to bring in a charge against the responsible doctors **for all legal reasons**.

With this, I release everybody from keeping the professional secret towards my representative. My representative is allowed to examine and to get access to all the files and records concerning me and to make the corresponding copies.

My representative must be completely informed about every medical measure against me, especially he must be informed about the medications which are administered to me (quantity, effects, trade mark and active substances, etc.).

This authorization also includes the right to represent me and to defend me in case of imminent guardianship and custody, also in respect to all housing and property matters.

My representative is authorized to take all means of legal redress, resp. to take all legal steps and to engage a lawyer for me, if necessary.

My representative must be immediately informed about all the measures concerning me (see my representative's address above).

Supplement:

In case of death, my corpse immediately or as soon as possible is to be rendered unusable, unusable for any doctor or anything medical*. Any kind of autopsy, any kind of organ-removal or anything corresponding to that is strictly forbidden. Every violation of this, my will, will be persecuted by criminal code. Also any medical treatment and any kind of medical intervention which precedes that.

Date.....

Signature.....(a copy is deposited)

* Cremation yes / no (please delete where inapplicable)