

Opozorilo: Neuradno prečiščeno besedilo predpisa predstavlja zgolj informativni delovni pripomoček, glede katerega organ ne jamči odškodninsko ali kako drugače.

Neuradno prečiščeno besedilo Zakona o pacientovih pravicah obsega:

- Zakon o pacientovih pravicah – ZPacP (Uradni list RS, št. 15/08 z dne 11. 2. 2008),
- Zakon o spremembah in dopolnitvah Zakona o pacientovih pravicah – ZPacP-A (Uradni list RS, št. 55/17 z dne 6. 10. 2017).

## **ZAKON O PACIENTOVIH PRAVICAH (ZPacP)**

**(neuradno prečiščeno besedilo št. 1)**

### **I. SPLOŠNE DOLOČBE**

#### **1. člen (predmet in namen zakona)**

(1) Ta zakon določa pravice, ki jih ima pacient oziroma pacientka (v nadaljnjem besedilu: pacient) kot uporabnik oziroma uporabnica (v nadaljnjem besedilu: uporabnik) zdravstvenih storitev pri vseh izvajalcih oziroma izvajalkah (v nadaljnjem besedilu: izvajalci) zdravstvene dejavnosti, postopke uveljavljanja teh pravic, kadar so te kršene, in s temi pravicami povezane dolžnosti.

Disclaimer: All of the translations contained on this website are unofficial. Only the original Slovene texts of the laws and regulations have legal effect, and the translations are to be used solely as reference materials to aid in the understanding of Slovene laws and regulations. The Government of the Republic of Slovenia is not responsible for the accuracy, reliability or currency of the translations provided on this website, or for any consequence resulting from the use of information on this website. For all purposes of interpreting and applying law to any legal issue or dispute, users should consult the original Slovene texts published in the Official Gazette of the Republic of Slovenia.

The unofficial consolidated version of the Patients' Rights Act comprises:

- Patients' Rights Act – ZpacP (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 15/08 of 11 February 2008),
- Act Amending the Patients' Rights Act – ZpacP-A (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 55/17 of 6 October 2017).

## **PATIENTS' RIGHTS ACT (ZPacP)**

**(Unofficial consolidated version No. 1)**

### **I. GENERAL PROVISIONS**

#### **Article 1 (Subject and purpose of the Act)**

(1) This Act shall define the rights of patients as consumers of healthcare services offered by healthcare service providers, the procedures for enforcing the aforementioned rights in the event they are violated, and duties related to these rights.

(2) Namen tega zakona je omogočiti enakopravno, primerno, kakovostno in varno zdravstveno obravnavo, ki temelji na zaupanju in spoštovanju med pacientom in zdravnikom oziroma zdravnico (v nadaljnjem besedilu: zdravnik) ali drugim zdravstvenim delavcem oziroma delavko (v nadaljnjem besedilu: zdravstveni delavec) ter zdravstvenim sodelavcem oziroma sodelavko (v nadaljnjem besedilu: zdravstveni sodelavec).

(3) Pravice iz zdravstvenega zavarovanja in način njihovega uveljavljanja določa poseben zakon.

(4) S tem zakonom se v pravni red Republike Slovenije prenaša Direktiva 2011/24/EU Evropskega parlamenta in Sveta z dne 9. marca 2011 o uveljavljanju pravic pacientov pri čezmejnem zdravstvenem varstvu (UL L št. 88 z dne 4. 4. 2011, str. 45) v delu, ki se nanaša na obravnavo kršitev pacientovih pravic, pravice do varstva osebnih podatkov in pravice do seznanitve z zdravstveno dokumentacijo.

## **2. člen (pomen izrazov)**

Posamezni izrazi, uporabljeni v tem zakonu, imajo naslednji pomen:

1. Bližnje osebe so druge osebe zunaj kroga ožjih družinskih članov, ki so s pacientom v zaupnem razmerju in to lastnost vsaj verjetno izkažejo.
2. Čakalna doba je v dneh izraženo obdobje od uvrstitve na čakalni seznam do dejanske izvedbe zdravstvene storitve. Šteje se, da čakalna doba obstaja, če navedeno obdobje znaša več kot en dan.
3. Čakalni čas je v minutah izraženo čakanje v čakalnici pred ambulanto, in sicer od s terminom dogovorjenega časa začetka izvedbe zdravstvene storitve do njenega dejanskega začetka.
4. Čakalni seznam je elektronska zbirka podatkov zaporedno vpisanih pacientov, ki čakajo na izvedbo določene zdravstvene storitve pri izbranem izvajalcu zdravstvene dejavnosti oziroma zdravstvenem delavcu.
5. Drugo mnenje je mnenje enega ali več drugih zdravnikov o oceni

(2) The purpose of this Act is to ensure equal, appropriate, quality and safe medical treatment based upon mutual trust and respect between the patient and the physician or any other healthcare or allied professional.

(3) The rights arising from health insurance and the manner of exercising such rights shall be defined in a separate Act.

(4) With the adoption of this Act, the national legislation of the Republic of Slovenia complies with the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p. 45), namely as regards the examination of violations of patients' rights, the right to personal data protection and the right to access one's medical records.

## **Article 2 (Definitions)**

For the purposes of this Act, the following definitions shall apply:

1. Close persons shall mean persons other than close family members who have a confidential relation with the patient and demonstrate this to a probable level.
2. Waiting period shall mean the period, in days, since the time of placement on a waiting list until the healthcare service is actually provided. The term waiting period shall apply when the period exceeds one day.
3. Waiting time shall mean the time a patient spends in the waiting room, counting from the scheduled time of the healthcare service until the healthcare service is actually provided.
4. Waiting list shall mean an electronic database of patients, in chronological order of placement thereon, waiting for the provision of a specific healthcare service with the selected healthcare service provider or healthcare professional.
5. Second opinion shall mean the opinion of one or more physicians on

- nekega zdravstvenega stanja oziroma predvidenem postopku zdravstvene obravnave pacienta, ki potrdi, ovrže ali spremeni oceno določenega zdravstvenega stanja oziroma predviden postopek zdravstvene obravnave pacienta, ki jo izvaja lečeči zdravnik.
- 5.a eNaročanje je oblika elektronskega naročanja in zbirka podatkov, ki je opredeljena z zakonom, ki ureja zbirke podatkov v zdravstvu.
6. Izvajalec zdravstvene dejavnosti je javni zdravstveni zavod in druga pravna ali fizična oseba, ki opravlja zdravstveno dejavnost v skladu z zakonom, ki ureja zdravstveno dejavnost.
7. Javni zdravstveni zavod je zdravstveni dom, lekarna, bolnišnica in druga oblika zdravstvene organizacije v skladu z zakonom, ki urejata zdravstveno in lekarniško dejavnost.
- 7.a Kontrolni pregled je pregled, ki je namenjen preverjanju učinkov začetega zdravljenja, morebitnemu načrtovanju dodatnih preiskav in končanju zdravstvene obravnave, ki se je začela na podlagi prvega pregleda in ni vezan na posamezno koledarsko leto.
8. Konzilij je posvet dveh ali več zdravnikov, pri istem ali drugem izvajalcu zdravstvene dejavnosti, glede diagnoze in drugih vidikov zdravljenja oziroma zdravstvene obravnave posameznega pacienta.
- 8.a Lečeči zdravnik je zdravnik, ki pacienta obravnava.
9. Mediacija je oblika alternativnega reševanja sporov s pomočjo ene ali dveh neodvisnih in nepristranskih strokovnih oseb, ki ne moreta izdati zavezujoče odločbe, ampak s svojim delovanjem v neformalnem postopku udeležencem pomagata doseči sporazum, ki spor razrešuje oziroma na novo ureja medsebojna razmerja.
10. Medicinski poseg je vsako ravnanje, ki ima preventivni, diagnostični, terapevtski ali rehabilitacijski namen in ki ga opravi zdravnik, drug zdravstveni delavec ali zdravstveni sodelavec.
11. Mreža izvajalcev javne zdravstvene službe so vsi javni in zasebni izvajalci zdravstvene dejavnosti, ki na podlagi akta o ustanovitvi ali koncesije in pogodbe z Zavodom za zdravstveno zavarovanje Slovenije opravljajo zdravstvene programe v breme javnih sredstev obveznega zdravstvenega zavarovanja.

- the assessment of a patient's health condition or the envisaged medical treatment process that confirms, rejects or modifies the assessment of the health condition or envisaged medical treatment process of a patient carried out by the treating physician.
- 5.a E-appointment shall mean an electronic form for making appointments and a database as defined by the Act regulating healthcare databases.
6. Healthcare service provider shall mean a public health institution or a legal or natural person providing healthcare services in accordance with the Act regulating healthcare services.
7. Public health institution shall mean a primary healthcare centre, pharmacy, hospital or any other form of healthcare organisation in accordance with the Act regulating healthcare services and the Act regulating pharmacy practice.
- 7.a Follow-up visit shall mean an examination intended to assess the effects of an initiated treatment, to plan any additional examinations and to terminate the medical treatment that was begun on the basis of the initial examination, and which is not limited to a specific calendar year.
8. Consulting team shall mean a consultation consisting of two or more physicians of the same or different healthcare service providers consulting on a patient's diagnosis and other aspects of medication or medical treatment.
- 8.a Treating physician shall mean the physician providing the patient medical treatment.
9. Mediation shall mean a form of alternative dispute resolution during which the assistance of one or two independent and unbiased experts is provided to parties in this informal procedure without issuing any binding decision, yet assisting them to reach a consensus in order to resolve the dispute or to newly arrange their mutual relations.
10. Medical procedure shall mean any preventive, diagnostic, therapeutic or rehabilitative action provided by a physician, another healthcare or allied professional.
11. Public healthcare network shall mean all public and private healthcare service providers that carry out healthcare programmes for public funds collected through compulsory health insurance, on the basis of their founding charter or a concession and a contract with the Health Insurance Institute of Slovenia.

- 11.a Najdaljša dopustna čakalna doba je doba, v kateri mora biti opravljena neka zdravstvena storitev, da se z vidika objektivne medicinske presoje zdravstvenih potreb pacienta ne poslabša njegovo zdravstveno stanje ali kakovost življenja.
- 11.b Napotna listina je dokument, s katerim izbrani osebni ali napotni zdravnik prenaša svoja pooblastila na druge zdravstvene delavce na isti ali višji ravni zdravstvene dejavnosti v skladu s predpisi, ki urejajo zdravstveno zavarovanje.
- 11.c Naročilna knjiga je elektronska evidenca zaporedno naročenih pacientov.
12. Nujna medicinska pomoč je neodložljivo ravnanje, ki je potrebno za ohranitev življenjsko pomembnih funkcij ali za preprečitev nepopravljivega in hudega poslabšanja zdravstvenega stanja.
- 12.a Nujna zobozdravstvena pomoč vključuje zdravstvene storitve, ki jih zobozdravnik, drug zdravstveni delavec ali zdravstveni sodelavec izvaja zaradi poškodb, močnejših krvavitev, infekcij in hudih stalnih bolečin v področju ustne votline in zob za preprečitev nepopravljivega in hudega poslabšanja zdravstvenega stanja.
- 12.b Nujno zdravljenje in neodložljive zdravstvene in zobozdravstvene storitve vključujejo zdravstvene storitve, kot jih opredeljujejo predpisi s področja zdravstvenega zavarovanja.
- 12.c Okvirni termin je termin, določen na mesec natančno, razen za operativne postopke, za katere je določen na tri mesece natančno.
- 12.č Ordinacijski čas je čas, ki je namenjen zdravstveni obravnavi pacienta.
13. Ogrožene skupine so tiste družbene skupine, ki jim je pri zdravstveni obravnavi zaradi zdravstvenih ali socialnih razlogov namenjena dodatna pozornost in skrb.
14. Otrok je oseba, ki še ni dopolnila 18 let, razen če je že prej pridobila popolno poslovno sposobnost.
15. Ožji družinski člani so zakonec, zunajzakonski partner, starši, otroci, stari starši, vnuki ter bratje in sestre.
16. Pacient je bolnik ali drug uporabnik zdravstvenih storitev v odnosu do zdravstvenih delavcev in zdravstvenih sodelavcev oziroma izvajalcev zdravstvene dejavnosti ne glede na svoje zdravstveno stanje.
- 16.a Prenaročitev je določitev novega termina ali okvirnega termina pacientu, ki je že uvrščen na čakalni seznam.
- 11.a Longest admissible waiting period shall mean the period in which a healthcare service must be provided following an objective medical assessment of the patient's healthcare needs in order to prevent any deterioration in the patient's health condition or quality of life.
- 11.b Referral document shall mean the document whereby a personal physician or referral physician transfers competence to another healthcare professional at the same or a higher level of healthcare service in accordance with the regulations on health insurance.
- 11.c Appointment register shall mean an electronic record of patients' appointments in chronological order.
12. Emergency medical assistance shall mean any procedure that cannot be postponed and is necessary to preserve vital functions or prevent irreversible and severe deterioration of an individual's health condition.
- 12.a Emergency dental healthcare shall mean healthcare services provided by a dentist, healthcare or allied professional to address injury, serious bleeding, infection or continuous severe pain in the oral cavity or teeth in order to prevent irreversible and severe deterioration of an individual's health condition.
- 12.b Emergency treatment and urgent healthcare or dental healthcare services shall include healthcare services as set forth in the regulations on health insurance.
- 12.c Approximate appointment time shall mean a date determined to within a month, except for surgical procedures, for which the date is determined to within three months.
- 12.č Office hours shall mean the time during which patients may receive medical treatment.
13. Vulnerable group shall mean any social group that requires additional attention and care in healthcare services due to health or social reasons.
14. Child shall mean any person under 18 years of age, unless they have obtained full contractual capacity beforehand.
15. Immediate family members shall mean a spouse, cohabiting partner, parents, children, grandparents, grandchildren, and siblings.
16. Patient shall mean any sick person or user of healthcare services in relation to a healthcare and allied professional or healthcare service providers, regardless of his or her health condition.
- 16.a Rescheduling shall mean setting a new appointment time or approximate appointment time for a patient who is already placed on the waiting list.

- 16.b Prvi pregled je pregled, ki je namenjen opredelitvi novonastalega zdravstvenega stanja oziroma akutnega poslabšanja kroničnega zdravstvenega stanja in načrtovanju potrebnih preiskav in zdravljenja, vključno z morebitnim zdravljenjem, opravljenim neposredno po tem pregledu. Kot prvi pregled se šteje tudi samostojno opravljena diagnostika.
17. Razumen čas je čas, ki ne presega obdobja, sprejemljivega z vidika objektivne medicinske presoje kliničnih potreb pacienta glede na njegovo zdravstveno stanje, anamnezo, verjeten razvoj bolezni, stopnje bolečin ali naravo prizadetosti v trenutku uveljavljanja pravice.
18. Resna zdravstvena škoda je hudo poslabšanje fizičnega ali duševnega zdravja pacienta, ki ogroža pričakovane ugodne izide zdravljenja.
19. Sposobnost odločanja o sebi je sposobnost pacienta, da samostojno uveljavlja pravice iz tega zakona, še zlasti odloča o izvedbi medicinskega posega oziroma zdravstvene obravnave. Pacient je sposoben odločanja o sebi, če je glede na starost, zrelost, zdravstveno stanje ali druge osebne okoliščine sposoben razumeti pomen in posledice uveljavljanja pravic iz tega zakona, še zlasti privolitve, zavrnitve ali preklica zavrnitve medicinskega posega oziroma zdravstvene obravnave.
20. Strokovni standard je priporočilo, ki ga sprejme pristojni strokovni organ posamezne zdravstvene stroke za doseganje optimalne stopnje urejenosti na določenem področju.
- 20.a Termin je čas, izražen z datumom, uro in minuto, predviden za izvedbo zdravstvene storitve. V primeru operativnih postopkov se termin določi na dan natančno.
- 20.b Triaža napotne listine je pregled napotne listine na podlagi strokovnih smernic z vidika primerne in razumljive vsebine napotne listine, obstoja medicinske indikacije in ustrezne določitve stopnje nujnosti, ki jo opravi izvajalec zdravstvene dejavnosti.
21. Zdravstvena dejavnost je dejavnost, ki jo določa poseben zakon.
22. Zdravstvena obravnava so medicinski in drugi posegi za preprečevanje bolezni in krepitev zdravja, diagnostiko, terapijo, rehabilitacijo in zdravstveno nego ter druge storitve oziroma
- 16.b Initial examination shall mean an examination aimed at determining a new health condition or the acute deterioration of a chronic health condition and planning the necessary additional examinations and medications, including the medication initiated immediately after this examination. Independent diagnostic procedures shall also count as an initial examination.
17. Reasonable time shall mean a period of time not exceeding a period deemed acceptable based on an objective medical assessment of the patient's clinical needs with regard to their health condition, anamnesis, the probable development of the illness, the level of pain or the nature of the disorder at the time of exercising his or her rights.
18. Severe health damage shall mean any serious deterioration of a patient's physical or mental condition that endangers the expected favourable outcome of treatment.
19. Decision-making capacity shall mean a patient's capacity to independently exercise his or her rights under this Act, in particular to decide on the course of a medical procedure or medical treatment. Patients shall be capable of making decisions about themselves if, regardless of their age, maturity, health condition or any other personal circumstance, they are capable of understanding the significance and consequences of exercising their rights under this Act, in particular as regards consenting to, refusing or revoking refusal of a medical procedure or medical treatment.
20. Professional standard shall mean a recommendation adopted by the competent professional body of a particular medical speciality in order to achieve an optimum level of regulation in a certain field.
- 20.a Appointment time shall mean a date scheduled for the provision of a healthcare service that is expressed in terms of a day, month, year, hour and minutes. In the case of surgical procedures, the appointment time shall be only determined precisely to the day.
- 20.b Referral triage shall mean an examination of the referral document on the basis of professional guidelines as to appropriate and comprehensible content, the existence of a medical indication and the appropriate level of urgency, which shall be carried out by a healthcare service provider.
21. Healthcare activities shall be activities as defined by a separate Act.
22. Medical treatment shall mean medical and other procedures to prevent diseases and enhance health, diagnostic procedures, therapies, rehabilitation and nursing care together with other

postopki, ki jih izvajalci zdravstvene dejavnosti opravijo pri obravnavi pacienta.

23. Zdravstvene storitve so storitve, ki jih v okviru dejavnosti izvajalcev zdravstvene dejavnosti za paciente opravljajo zdravstveni delavci in zdravstveni sodelavci.
24. Zdravstveni delavci in zdravstveni sodelavci so vsi, ki opravljajo zdravstvene ali lekarniške storitve, kot to določata zakona, ki urejata zdravstveno in lekarniško dejavnost.

### **3. člen (načela)**

Pri uresničevanju pravic pacientov po tem zakonu se upoštevajo zlasti naslednja načela:

- spoštovanje vsakogar kot človeka in spoštovanje njegovih moralnih, kulturnih, verskih, filozofskih in drugih osebnih prepričanj,
- spoštovanje telesne in duševne celovitosti ter varnosti,
- varstvo največje zdravstvene koristi za pacienta, zlasti otroka,
- spoštovanje zasebnosti,
- spoštovanje samostojnosti pri odločanju o zdravljenju,
- spoštovanje osebnosti in dostojanstva tako, da nihče ni socialno zaznamovan zaradi svojega zdravstvenega stanja in vzrokov, posledic ter okoliščin tega stanja ali zdravstvene obravnave, ki jo je bil zaradi tega deležen.

### **4. člen (uresničevanje in omejevanje pacientovih pravic)**

(1) Določbe tega zakona ne posegajo v pacientove pravice, določene z drugimi zakoni in mednarodnimi pogodbami, ki zavezujejo Republiko Slovenijo.

(2) Pacientove pravice, ki jih določa ta zakon, se pri vseh izvajalcih zdravstvene dejavnosti uveljavljajo v okviru sodobne medicinske doktrine, strokovnih standardov in normativov ter razvitosti zdravstvenega sistema v Republiki Sloveniji.

(3) Pacientove pravice, ki jih določa ta zakon in so hkrati

services and procedures carried out by healthcare service providers when treating a patient.

23. Healthcare services shall mean services provided by healthcare and allied professionals within their activities for patients as healthcare service providers.
24. Healthcare and allied professional shall mean any person providing health and pharmacy services as determined by the Acts governing healthcare services and pharmacy practice.

### **Article 3 (Principles)**

In the exercise of patients' rights under this Act, the following principles in particular shall be observed:

- respect for all humans and their moral, cultural, religious, philosophical and other personal convictions,
- respect for physical and mental integrity and safety,
- pursuit of maximum health benefits for patients, especially children,
- respect for privacy,
- respect for autonomy in decisions on treatment,
- respect for personality and dignity so as to prevent any social discrimination based on a health condition or causes, consequences or circumstances stemming from such condition or medical treatment incurred due to such condition.

### **Article 4 (Exercise and limitation of patients' rights)**

(1) The provisions of this Act shall not interfere with patients' rights determined by other acts and international treaties that are binding on the Republic of Slovenia.

(2) The patients' rights determined by this Act shall be respected by all healthcare service providers in the framework of contemporary medical doctrine, professional standards and norms and the level of development of the healthcare system in the Republic of Slovenia.

(3) The patients' rights determined by this Act that also pertain

vezane na sistem zdravstvenega zavarovanja, se uresničujejo v okviru predpisov s področja zdravstvenega zavarovanja.

(4) Pacientove pravice so lahko omejene z zakoni s področja zagotavljanja javne varnosti in javnega zdravja ter kadar bi bile ogrožene pravice drugih oseb.

## II. PACIENTOVE PRAVICE

### **5. člen (seznam pacientovih pravic)**

Pacientove pravice, ki jih ureja ta zakon, so:

- pravica do dostopa do zdravstvene obravnave in zagotavljanja preventivnih storitev,
- pravica do enakopravnega dostopa in obravnave pri zdravstveni obravnavi,
- pravica do proste izbire zdravnika in izvajalca zdravstvene dejavnosti,
- pravica do primerne, kakovostne in varne zdravstvene obravnave,
- pravica do spoštovanja pacientovega časa,
- pravica do obveščeniosti in sodelovanja,
- pravica do samostojnega odločanja o zdravljenju,
- pravica do upoštevanja vnaprej izražene volje,
- pravica do preprečevanja in lajšanja trpljenja,
- pravica do drugega mnenja,
- pravica do seznanitve z zdravstveno dokumentacijo,
- pravica do varstva zasebnosti in varstva osebnih podatkov,
  
- pravica do obravnave kršitev pacientovih pravic,
- pravica do brezplačne pomoči pri uresničevanju pacientovih pravic.

1. Pravica do dostopa do zdravstvene obravnave in zagotavljanja preventivnih storitev

### **6. člen (zdravstvena obravnava in preventivne storitve)**

to the health insurance system shall be enforced in the framework of the regulations on health insurance.

(4) Patients' rights may be limited by regulations on public security and public health and in cases when the rights of other persons may be threatened.

## II. PATIENTS' RIGHTS

### **Article 5 (List of patients' rights)**

The rights of patients governed by this Act shall be as follows:

- the right to access medical treatment and preventive services,
- the right to equal access and treatment in medical treatment,
- the right to the free choice of a physician and healthcare service provider,
- the right to appropriate, quality and safe medical treatment,
- the right to respect for patients' time,
- the right to information and cooperation,
- the right to independently decide on treatment,
- the right to respect for advance healthcare directives,
- the right to the prevention and alleviation of suffering,
- the right to a second opinion,
- the right to access medical records,
- the right to the protection of privacy and the protection of personal data,
- the right to have violations of patients' rights examined,
- the right to free of charge assistance in exercising patients' rights.

1. Right to access medical treatment and preventive services

### **Article 6 (Medical treatment and preventive services)**

(1) Pacient ima v skladu s predpisi s področja zdravstvenega varstva in zdravstvenega zavarovanja pravico do dostopa do zdravstvene obravnave.

(2) Pacient ima pravico do nujne medicinske pomoči, ki je ni mogoče kakor koli pogojevati, še zlasti ne s plačilom ali napotnico.

(3) Pacient ima v skladu s posebnimi predpisi s področja zdravstvenega varstva in zdravstvenega zavarovanja pravico do ustreznih preventivnih zdravstvenih storitev za ohranitev njegovega zdravja in preprečitev bolezni.

## 2. Pravica do enakopravnega dostopa in obravnave pri zdravstveni obravnavi

### **7. člen (prepoved diskriminacije)**

Pacient ima pravico do enake obravnave pri zdravstveni obravnavi ne glede na spol, narodnost, raso ali etnično poreklo, vero ali prepričanje, invalidnost, starost, spolno usmerjenost ali drugo osebno okoliščino.

### **8. člen (varstvo otrok in drugih ogroženih skupin)**

(1) Otrokom in drugim ogroženim skupinam so pri zdravstveni obravnavi poleg pravic, ki jih določa ta zakon, zagotovljene še posebne pravice, ki so opredeljene kot aktivna skrb države in jih določajo drugi predpisi.

(2) Pravice pacientov s težavami v duševnem zdravju in način njihovega uveljavljanja ureja tudi poseben zakon.

(3) Zdravstvena obravnava otrok poteka ustrezno njihovi starosti in zdravstvenemu stanju:

- v otroških oddelkih, razen če to iz objektivnih razlogov ni mogoče,

(1) In accordance with healthcare and health insurance regulations, patients shall have the right to access medical treatment.

(2) Patients shall have the right to emergency medical assistance, which may not be subject to any condition, especially payment or referral.

(3) In accordance with special regulations on healthcare and health insurance, patients shall have the right to appropriate preventive healthcare services in order to maintain their health and prevent diseases.

## 2. Right to equal access and treatment in medical treatment

### **Article 7 (Discrimination ban)**

Patients shall have the right to equal treatment in medical treatment regardless of their sex, nationality, racial or ethnic origin, religion or belief, disability, sexual orientation or any other personal circumstance.

### **Article 8 (Protection of children and other vulnerable groups)**

(1) In medical treatment, children and other vulnerable groups shall have other special rights recognised besides the rights determined by this Act that are defined as active care provided by the State and determined by other regulations.

(2) The rights of patients with mental health issues and the exercise thereof shall be regulated by a separate Act.

(3) Children shall be provided medical treatment appropriate to their age and health condition:

- in children's wards, unless this is objectively impossible,



- brez nepotrebnih medicinskih posegov in dejanj, ki bi lahko povzročili telesno ali čustveno stisko otrok,
- tako, da se zagotavlja zadovoljevanje čustvenih in telesnih potreb otrok in
- tako, da se zagotavlja možnosti za sprostitev, igro in izobraževanje otrok.

(4) Otroci imajo v času stacionarne in druge zdravstvene obravnave pravico do stalnega spremstva enega od staršev ali druge osebe, ki skrbi za otroka, razen če so podani razlogi, zaradi katerih to ne bi bilo v otrokovo korist.

(5) V primeru stacionarne zdravstvene obravnave otrok se pravica iz prejšnjega odstavka zagotavlja tudi v obliki nastanitve enega od staršev ali druge osebe, ki skrbi za otroka, v skladu s predpisi s področja zdravstvenega zavarovanja.

(6) Če pravica do nastanitve enega od staršev ali druge osebe, ki skrbi za otroka, ni pravica iz zdravstvenega zavarovanja, izvajalci zdravstvene dejavnosti zagotovijo odplačno nastanitev na zahtevo enega od staršev ali druge osebe, ki skrbi za otroka. Pri tem lahko izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe zaračuna le materialne stroške nastanitve, katerih višino predpiše minister oziroma ministrica (v nadaljnjem besedilu: minister), pristojen za zdravje.

(7) Če izvajalec zdravstvene dejavnosti zaradi omejenih prostorskih zmogljivosti ne more zagotoviti pravice iz prejšnjega odstavka, se prednost pri nastanitvi enega od staršev ali druge osebe, ki skrbi za otroka, presoja glede na starost otroka, krajevno oddaljenost od bivališča otroka oziroma staršev ali druge osebe, ki skrbi za otroka, obstoj posebnih potreb otroka in njegovo zdravstveno stanje.

3. Pravica do proste izbire zdravnika in izvajalca zdravstvene dejavnosti

### **9. člen (prosta izbira)**

(1) Pacient ima pravico, da prosto izbere zdravnika in izvajalca

- without unnecessary medical procedures and actions that could cause physical or emotional distress to children,
- in ways that meet the emotional and physical needs of children,
- in ways that ensure possibilities for relaxation, play and education.

(4) During stationary and other types of medical treatment, children shall have the right to be permanently accompanied by a parent or carer of the child unless this is not to the benefit of the child for justified reasons.

(5) In cases of the stationary medical treatment of children, the right referred to in the preceding Article shall be also ensured by providing accommodation to one of the parents or the carer of the child in accordance with health insurance regulations.

(6) If the right to the accommodation of one of the parents or the carer of the child does not fall under health insurance rights, healthcare service providers may ensure accommodation in return for payment at the request of one of the parents or the carer of the child. In doing so, the healthcare service provider working within the public healthcare network may only charge for the material costs of accommodation in the amount determined by the minister responsible for health.

(7) If, due to limited capacities, the healthcare service provider cannot ensure the right referred to in the preceding paragraph, priority in deciding on the accommodation of one of the parents or carer of the child shall be established with regard to the age of the child, the distance from the home address of the child, parents or carers, any special needs of the child and his or her health condition.

3. Right to the free choice of a physician and healthcare service provider

### **Article 9 (Free choice)**

(1) A patient shall have the right to freely choose his or her

zdravstvene dejavnosti, ki mu bo zaupal svoje zdravljenje.

(2) Ne glede na določbo prejšnjega odstavka ima pacient v mreži izvajalcev javne zdravstvene službe pravico, da prosto izbere zdravnika in izvajalca zdravstvene dejavnosti v skladu s predpisi s področja zdravstvenega zavarovanja.

#### **10. člen (izjema od proste izbire)**

Zdravnik in izvajalec zdravstvene dejavnosti, ki ga je pacient izbral, lahko pod pogojem, da ne gre za nujno medicinsko pomoč, pacientovo izbiro zavrne le v posebej utemeljenih primerih, ko bi bilo zdravljenje predvidoma manj uspešno oziroma nemogoče ali kadar tako določa zakon. Pacientu mora predlagati izbiro drugega zdravnika in izvajalca zdravstvene dejavnosti ter razloge za zavrnitev pojasniti v pisni obliki v osmih dneh od izražene pacientove izbire.

4. Pravica do primerne, kakovostne in varne zdravstvene obravnave

#### **11. člen (primerna, kakovostna in varna zdravstvena obravnava)**

(1) Pacient ima pravico do primerne, kakovostne in varne zdravstvene obravnave v skladu z medicinsko doktrino.

(2) Primerna zdravstvena obravnava je tista, ki je skladna s pacientovimi potrebami ter zmožnostmi zdravstvenega sistema v Republiki Sloveniji in temelji na enostavnih, preglednih in prijaznih administrativnih postopkih ter vzpostavlja s pacientom odnos sodelovanja in zaupanja.

(3) Kakovostna zdravstvena obravnava je tista, ki dosledno dosega izide zdravljenja, ki so primerljivi s standardi ali najboljšimi praksami, ob upoštevanju temeljnih načel kakovosti, kot so uspešnost, varnost, pravočasnost, kontinuiteta, učinkovitost, enakopravnost in osredotočenje na pacienta.

personal physician and healthcare service provider for treatment.

(2) Irrespective of the provision of the preceding paragraph, a patient has the right to freely choose his or her physician and healthcare service provider within the public healthcare network in accordance with health insurance regulations.

#### **Article 10 (Exception to free choice)**

In cases other than those that require emergency medical assistance, the physician and healthcare service provider chosen by the patient may refuse this choice only in specifically justified cases when the envisaged treatment would be less successful or impossible or when determined by an Act. The patient must be provided with the option to choose another physician and healthcare service provider, and given the reasons for the denial of treatment in writing within eight days of the day the patient made the choice.

4. Right to appropriate, quality and safe medical treatment

#### **Article 11 (Appropriate, quality and safe medical treatment)**

(1) A patient shall have the right to appropriate, quality and safe medical treatment in accordance with medical doctrine.

(2) Appropriate medical treatment shall mean care that complies with the patient's needs and the capacities of the healthcare system in the Republic of Slovenia, is based on simple, transparent and friendly administrative procedures, and cultivates patient relations fostering cooperation and trust.

(3) Quality medical treatment shall mean care that consistently produces results comparable to standards or best practices in accordance with the basic principles of quality, such as efficiency, safety, timeliness, continuity, effectiveness, equality and patient centeredness.

(4) Varna zdravstvena obravnava je tista, ki preprečuje škodo za pacienta v zvezi s samim zdravljenjem in v zvezi z okoliščinami fizične varnosti bivanja ali zadrževanja pri izvajalcu zdravstvene dejavnosti.

**12. člen**  
**(upravičenost do medicinskega posega oziroma zdravstvene obravnave)**

Pacient je do medicinskega posega oziroma zdravstvene obravnave, ki se opravlja na račun javnih sredstev, upravičen, če je ta po pravilih medicinske stroke potrebna in se glede na sodobno medicinsko doktrino upravičeno pričakuje, da bo pacientu koristna in so pričakovane koristi za pacienta večje od tveganj ter obremenitev.

**13. člen**  
**(zagotavljanje verske duhovne oskrbe)**

Pri stacionarni obravnavi mora izvajalec zdravstvene dejavnosti zagotoviti pogoje za uresničevanje pravice pacienta do ustrezne verske duhovne oskrbe v skladu z zakonom, ki ureja versko svobodo.

5. Pravica do spoštovanja pacientovega časa

**14. člen**  
**(spoštovanje pacientovega časa)**

(1) Pacient ima pravico, da se njegov čas spoštuje.

(2) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe poskrbi za najkrajši možni čakalni čas in čakalno dobo v okviru razumnega časa. Delo organizira tako, da se pacientu zagotovi čim hitrejša zdravstvena obravnava. Izvajalec zdravstvene dejavnosti pacienta obravnava v skladu z vrstnim redom na čakalnem seznamu oziroma v naročilni knjigi in vrstnega reda ne sme spreminjati, razen če ta zakon ne določa drugače.

(4) Safe medical treatment shall mean care that prevents any damage to the patient related to treatment and conditions of physical safety during the patient's stay or visit to the healthcare service provider.

**Article 12**  
**(Entitlement to a medical procedure or medical treatment)**

Patients shall be entitled to a medical procedure or medical treatment provided by public funds if such is required under the rules of the medical profession and if it can be reasonably expected, in accordance with current medical doctrine, that such will be beneficial and that the expected benefits for the patients are greater than the risks and burdens.

**Article 13**  
**(Provision of religious and spiritual care)**

For stationary care, the healthcare service provider must ensure the necessary conditions for patients to exercise the right to appropriate religious and spiritual care in accordance with the Act regulating freedom of religion.

5. Right to respect for patient's time

**Article 14**  
**(Respect for patient's time)**

(1) Patients shall have the right to have their time respected.

(2) Healthcare service providers working in the public healthcare network shall ensure the shortest possible waiting time and a waiting period within a reasonable time. The work shall be organised so as to provide medical treatment to patients in the shortest time possible. Healthcare service provider shall treat patients according to the order established in the waiting list or appointment register and shall not introduce any change to the order unless otherwise provided by this Act.

(3) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe pacientu nujno medicinsko pomoč, nujno zobozdravstveno pomoč ali nujno zdravljenje in neodložljive zdravstvene in zobozdravstvene storitve omogoči takoj.

(4) Če izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe zdravstvene storitve ne more opraviti takoj in ne gre za nujno medicinsko pomoč, nujno zobozdravstveno pomoč, nujno zdravljenje in neodložljive zdravstvene in zobozdravstvene storitve ali za zdravstvene storitve, za katere se ne vodi čakalni seznam, se pacienta uvrsti na čakalni seznam.

(5) Najdaljša dopustna čakalna doba v Republiki Sloveniji je spoštovana, če je čakalna doba za neko zdravstveno storitev pri najmanj enem izvajalcu zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe v okviru najdaljših dopustnih čakalnih dob.

#### **14.a člen (čakalni čas)**

(1) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe zagotovi, da je delo organizirano tako, da je čakalni čas čim krajši oziroma ne presega 30 minut.

(2) Omejitev iz prejšnjega odstavka ne velja, kadar posamezen zdravstveni delavec ali zdravstveni sodelavec, ki izvaja zdravstvene storitve pri izvajalcu zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe:

- v tem času izvaja nujno medicinsko pomoč ali
- zaključuje zdravstveno storitev predhodno obravnavanega pacienta, ki jo je treba izvesti brez nepotrebnega odlašanja ali prekinitve.

O dejstvih iz prejšnjega stavka zdravstveni delavec ali zdravstveni sodelavec sproti obvešča paciente v čakalnici.

(3) Omejitev glede čakalnega časa ne velja za paciente, ki niso naročeni v primeru naročanja v naročilno knjigo in za paciente, ki zamudijo na termin. Pacienta, ki ni naročen, in pacienta, ki zamudi na

(3) Healthcare service providers in the public healthcare network shall provide emergency medical assistance, emergency dental healthcare or emergency medication or urgent healthcare and dental healthcare services that cannot be postponed without delay.

(4) The patient shall be placed on a waiting list if a healthcare service provider in the public healthcare network is unable to provide a healthcare service immediately and the service does not constitute emergency medical assistance, emergency dental healthcare, emergency medication or an urgent healthcare or dental healthcare service that cannot be postponed, or a service for which a waiting list is not kept.

(5) The longest admissible waiting period in the Republic of Slovenia shall be deemed to be respected if at least one healthcare service provider in the public healthcare network provides the specific healthcare service within the prescribed longest admissible waiting period.

#### **Article 14a (Waiting time)**

(1) Healthcare service providers in the public healthcare network shall ensure that work is organised so as to minimise the waiting time to 30 minutes at most.

(2) The limitation referred to in the preceding paragraph shall not apply in cases when a healthcare or allied professional providing healthcare services with a healthcare service provider in the public healthcare network:

- provides emergency medical assistance during that time, or
- is concluding healthcare services for a previously treated patient and the service must not be delayed or interrupted.

Patients in the waiting room shall be informed of the situation referred to in the preceding sentence by the healthcare or allied professional.

(3) The waiting time limitation shall not apply to patients who do not have an appointment, if appointments are kept in an appointment register, and to patients who miss their appointment time. Patient without

termin, se obravnava le v prostem terminu, razen če gre za nujno medicinsko pomoč.

#### **14.b člen (stopnja nujnosti in uvrščanje na čakalni seznam)**

(1) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe pacienta uvrsti na čakalni seznam za zdravstveno storitev, pri čemer upošteva stopnjo nujnosti, kadar:

- ne gre za nujno medicinsko pomoč, nujno zobozdravstveno pomoč ali nujno zdravljenje in neodložljive zdravstvene in zobozdravstvene storitve in
- zdravstvene storitve ni mogoče opraviti takoj.

(2) Stopnja nujnosti se določi v skladu z največjo zdravstveno koristjo pacienta, pri čemer se upošteva razumen čas.

(3) Stopnjo nujnosti določi zdravnik, ki pacienta napoti na zdravstveno storitev, na podlagi uveljavljenih sodobnih medicinskih smernic, svoje strokovne presoje in ob upoštevanju prejšnjega odstavka. Stopnja nujnosti se označi na napotni listini.

(4) Stopnje nujnosti so:

- nujno,
- zelo hitro,
- hitro,
- redno.

(5) Najdaljšo dopustno čakalno dobo za posamezno vrsto zdravstvene storitve glede na stopnjo nujnosti zdravstvene storitve določi minister, pristojen za zdravje.

(6) Izvajalec zdravstvene dejavnosti lahko opravi triažo napotne listine, in sicer v treh dneh po njenem prejemu. Če se stopnja nujnosti, navedena na napotni listini, in stopnja nujnosti, ki se ugotovi ob triaži, razlikujeta, velja stopnja nujnosti, ki se ugotovi ob triaži, o čemer pooblaščen oseba za čakalni seznam obvesti izdajatelja napotne listine

appointments and patients late for their appointment shall be treated only if open appointment slots arise, except in the event of the need for emergency medical assistance.

#### **Article 14b (Level of urgency and placement on a waiting list)**

(1) Healthcare service providers in the public healthcare network shall place patients on the waiting list for a certain healthcare service, taking into account the level of urgency, when:

- the service does not fall under emergency medical assistance, emergency dental healthcare or emergency medication and urgent healthcare and dental healthcare services, and
- the healthcare service may not be provided immediately.

(2) The level of urgency shall be determined in accordance with ensuring the patient's greatest health benefit within a reasonable time.

(3) The level of urgency shall be determined by the referring physician, acting in accordance with established modern medical guidelines, his or her own professional judgement and the provisions of the preceding paragraph. The level of urgency shall be noted in the referral document.

(4) The levels of urgency shall comprise the following:

- urgent,
- very fast,
- fast,
- regular.

(5) The longest admissible waiting period for individual types of healthcare services according to the level of urgency of the healthcare service shall be determined by the minister responsible for health.

(6) Healthcare service providers may conduct referral triage within three days of receipt of the referral document. If the level of urgency noted in the referral document differs from the level of urgency established in triage, the latter shall prevail and the person responsible for the waiting list shall inform the referral doctor and patient thereof. If

in pacienta. Če se ob triaži ugotovi, da ni medicinske indikacije, se napotna listina v treh dneh vrne njenemu izdajatelju in se o tem obvesti pacienta.

(7) Pri kontrolnem pregledu se ob uvrščanju na čakalni seznam upošteva le medicinska indikacija, stopnja nujnosti pa se ne določa.

(8) Pacienta se uvrsti na čakalni seznam v petih dneh po predložitvi napotne listine oziroma v dveh dneh po opravljeni triaži, o uvrstitvi in posledicah zaradi neopravičene odsotnosti od termina pa se ga obvesti v treh dneh od uvrstitve na čakalni seznam.

### **15. člen (čakalni seznam)**

(1) Izvajalec zdravstvene dejavnosti v mreži javne zdravstvene službe vodi elektronski čakalni seznam za vse zdravstvene storitve, pri katerih obstaja čakalna doba, in sicer po skupinah zdravstvenih storitev v posamezni enoti. Izvajalec iz prejšnjega stavka vodi čakalni seznam pacientov, ki želijo, da se storitev opravi zunaj mreže javne zdravstvene dejavnosti, ločeno.

(2) Čakalni seznam se ne vodi za zdravstvene storitve pri izbranem osebnem zdravniku splošne oziroma družinske medicine, izbranem osebnem ginekologu in izbranem osebnem pediatru ter za preventivne preglede. Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe za storitve iz prejšnjega stavka in za zdravstvene storitve, pri katerih ni čakalnih dob, vodi naročilno knjigo, v katero vpisuje naslednje podatke:

- zaporedno številko vpisa pacienta,
- pacientovo osebno ime,
- pacientove kontaktne podatke (e-naslov ali telefonsko številko),
- razlog obravnave,
- termin,
- navedbo o izvedbi zdravstvene storitve.

(3) Na čakalnem seznamu se vodijo naslednji podatki:

during triage no medical indications are established, the referral document shall be returned to the referral doctor within three days, and the patient shall be informed thereof.

(7) For follow-up visits, the only applicable criteria for the waiting list shall be the medical indication, while the level of urgency shall not apply.

(8) Patients shall be placed on the waiting list within five days of submitting a referral document or within two days of triage, and shall be informed of the appointment time and the consequences of missing the appointment time without justification within three days of being placed on the waiting list.

### **Article 15 (Waiting list)**

(1) Healthcare service providers in the public healthcare network shall keep an electronic waiting list for each healthcare service for which health periods apply, and more specifically according to groups of healthcare services per unit. The providers referred to in the preceding sentence shall keep a separate waiting list for patients wishing to use services outside the public healthcare network.

(2) A waiting list shall not be kept for healthcare services provided by selected personal doctors or general practitioners, selected personal obstetricians and selected paediatricians, and for preventive examinations. For the healthcare services referred to in the preceding sentence and healthcare services for which waiting periods do not apply, healthcare service providers in the public healthcare network shall keep an appointment register, in which the following patient data shall be recorded:

- entry number,
- personal name,
- contact information (e-mail or telephone number),
- treatment reason,
- appointment time
- indication of the provision of healthcare services.

(3) The waiting list shall include the following patient data:

1. zaporedna številka uvrstitve pacienta,
2. datum in ura uvrstitve pacienta ter datum obvestila,
3. način uvrstitve na čakalni seznam,
4. pacientovo osebno ime,
5. pacientovi naslov in kontaktni podatki (e-naslov ali telefonska številka),
6. številka zavarovane osebe pri nosilcu obveznega zdravstvenega zavarovanja oziroma, če ta ni znana, EMŠO,
7. številka napotne listine,
8. datum prejema napotne listine,
9. stopnja nujnosti (z napotne listine in morebitna spremenjena),
10. šifra zdravstvene storitve,
11. zdravstveni delavec, ki je opravil triažo napotne listine (osebno ime in šifra),
12. datum triaže napotne listine,
13. obstoj medicinske indikacije za uvrstitev pacienta na točno določen termin, ki se upošteva poleg določene stopnje nujnosti (skupaj z navedbo in opisom razloga, osebnim imenom in šifro zdravstvenega delavca, ki je to medicinsko indikacijo podal),
14. želja pacienta glede izbire točno določenega izvajalca zdravstvene dejavnosti, zdravstvenega delavca ali zdravstvenega sodelavca (osebno ime in šifra zdravstvenega delavca ali zdravstvenega sodelavca),
15. želja pacienta glede izbire nadomestnega termina (vključno s podatkom o prvotno ponujenem terminu),
16. predvideni termin in okvirni termin izvedbe zdravstvene storitve,
17. podatek o odpovedi od termina (datum odpovedi pred terminom, število dni do termina, razlog za odpoved, datum odsotnosti, datum opravičila po terminu, razlog za odpoved, opravičenost odpovedi, morebitna začasna prepoved uvrstitve na čakalni seznam),
18. podatki o prenaročitvi pacienta iz razlogov izvajalca zdravstvene dejavnosti (datum prvotnega termina, razlog za prenaročitev, nov termin),
19. datum in ura izvedene zdravstvene storitve,
20. osebno ime in šifra zdravstvenega delavca ali zdravstvenega

1. the entry number,
2. the time of entry and date of notice,
3. the method of entry,
4. personal name,
5. address and contact information (e-mail or telephone number),
6. the number of a person insured with a provider of compulsory health insurance or, if unknown, his or her personal identification number,
7. the referral document number,
8. the date of receipt of the referral document,
9. the level of urgency (as per the referral and possible changes),
10. the healthcare service code,
11. the healthcare professional who conducted the triage of the referral document (personal name, code),
12. the date of triage of the referral document,
13. the existing medical indications for giving the patient a certain appointment time, which is to be taken into consideration along with the level of urgency (including the indication and description, personal name and code of the healthcare professional responsible for stating the medical indication),
14. the patient's wishes regarding a specific healthcare service provider, healthcare or allied professional (personal name, code of the healthcare or allied professional),
15. the patient's wishes regarding a substitution appointment time (including data on the initial appointment time),
16. the scheduled appointment time and approximate appointment time of healthcare service provision,
17. data of appointment cancellation (date of cancellation, number of days prior to the appointment time, the cancellation reason, absence date; date of justification after the appointment time, cancellation reason, cancellation justification, possible temporary ban on being placed on the waiting list),
18. data on a rescheduled appointment due to reasons related to the healthcare service provider (the date of the initial appointment time, the reason for rescheduling the appointment, the new appointment time),
19. the date and hour of the healthcare service provided,
20. personal name and code of the healthcare or allied professional who

sodelavca, ki je zdravstveno storitev izvedel,

21. podatek o utemeljenosti napotitve oziroma naročanja na zdravstveno storitev,
22. podatek o črtanju s čakalnega seznama (razlog in datum),
23. osebno ime in šifra pooblaščenega osebe za čakalni seznam, ki je pacienta uvrstila na čakalni seznam, spremenila vrstni red uvrstitve na čakalni seznam oziroma ga črtala s čakalnega seznama.

(4) Čakalni seznam, ki se vodi pri izbranem osebnem zobozdravniku, ne vsebuje podatkov iz 7., 8., 9., 11., 12., 13., 20. in 22. točke prejšnjega odstavka.

(5) Pacient je za isto zdravstveno storitev lahko uvrščen na čakalni seznam največ pri enem izvajalcu zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe, in sicer največ na en termin oziroma okvirni termin. Omejitev glede števila terminov oziroma okvirnih terminov ne velja za kontrolni pregled.

(6) Namen obdelave podatkov v čakalnem seznamu je zagotoviti:

- obveščenost o čakalni dobi in vrstnem redu,
- spoštovanje vrstnega reda in enakopravno obravnavo pacientov,
- preglednost dostopa do zdravstvenih storitev.

(7) Podatki s čakalnega seznama, vključno s podatki o sledljivosti obdelave podatkov, se hranijo pet let od izvedbe zdravstvene storitve oziroma črtanja s čakalnega seznama. Sledljivost sprememb vsakega podatka, vključno s spremembami vrstnega reda in drugih prejšnjih podatkov, se izvaja tako, da je omogočen vpogled v podatek, kdo in kdaj je spremenil posamezen podatek, in obrazložitev okoliščin, ki narekujejo spreminjanje podatkov.

(8) Pacient, ki je uvrščen na čakalni seznam, ima pravico izvedeti razloge za čakalno dobo in njeno dolžino ter pravico do vpogleda, kopije ali izpisa podatkov s čakalnega seznama za vse uvrščene paciente, pri čemer se lahko seznanijo le s podatki iz 1., 2., 3., 8., 9., 10., 12., 13. (razen podatka o zdravstvenem delavcu), 16. in 18. točke tretjega odstavka tega člena. Za seznanitev po tem odstavku se smiselno uporabljajo prvi, drugi, četrty, šesti, sedmi in deseti odstavek 41. člena tega zakona. Izvajalec zdravstvene dejavnosti seznanitev pacientu omogoči takoj, vendar najpozneje pet dni po prejemu zahteve. Pacient

provided the healthcare service,

21. data on the merits of the referral or healthcare service appointment,
22. data on withdrawal from the waiting list (reason and date),
23. the personal name and code of the person responsible for the waiting list who placed the patient on the waiting list, changed the entry number of the patient or withdrew the patient from the waiting list.

(4) The waiting list kept by the selected personal dentist shall not include the data referred to in points 7, 8, 9, 11, 12, 13, 20 and 22 of the preceding paragraph.

(5) A patient shall only be kept on the waiting list of one healthcare service provider in the public healthcare network for the same healthcare service, namely for a specific appointment time or approximate appointment time. The limitation regarding appointment times or approximate appointment times shall not apply to follow-up visits.

(6) The purpose of processing the waiting list data shall be to ensure:

- information on the waiting period and order of entry,
- respect for the order of entry and the equal treatment of patients,
- transparency of access to healthcare services.

(7) The data from the waiting list, including data on the traceability of data processing, shall be kept up to five years after healthcare service provision or withdrawal from the waiting list. The traceability of data changes, including changes in the order and other previous data, shall be ensured by allowing access to data on the person responsible for making changes and the date of changes, as well as an explanation of the circumstances that required data changes.

(8) Patients placed on the waiting list shall have the right to be informed of the reasons for the waiting period and its duration, and to access, copy or obtain a transcript of data from the waiting list for all patients on the list, but he or she may only access data under points 1, 2, 3, 8, 9, 10, 12, 13 (except data on the healthcare professional), 16 and 18 of paragraph three of this Article. For information purposes under this paragraph, paragraphs one, two, four, six, seven and ten of Article 41 of this Act shall apply *mutatis mutandis*. The healthcare service provider shall provide the information to the patient immediately or within five days



lahko za posamezno zdravstveno storitev pri istem izvajalcu zdravstvene dejavnosti vloži zahtevo iz tega odstavka največ enkrat mesečno. Določba tega odstavka ne posega v pacientovo pravico do seznanitve z lastnimi osebnimi podatki.

(9) Pacient, ki je vpisan v naročilno knjigo, ima pravico do seznanitve z naročilno knjigo na smiselno enak način, kot to določa prejšnji odstavek za čakalni seznam.

(10) Kadar se za posamezno zdravstveno storitev vodi čakalni seznam, se pacientu, ki ni uvrščen na čakalni seznam, ne sme opraviti zdravstvena oziroma zobozdravstvena storitev, razen če gre za nujno medicinsko pomoč, nujno zobozdravstveno pomoč ali nujno zdravljenje in neodložljive zdravstvene in zobozdravstvene storitve.

(11) Način poročanja izvajalcev zdravstvene dejavnosti, obseg in način javne objave statističnih podatkov o čakalnih dobah in številu čakajočih, ki jih za posamezno zdravstveno storitev po posameznih stopnjah nujnosti objavlja Nacionalni inštitut za javno zdravje (v nadaljnjem besedilu: NIJZ), določi minister, pristojen za zdravje.

(12) Podatke iz prejšnjega odstavka pridobiva za potrebe nadzora in financiranja programov tudi Zavod za zdravstveno zavarovanje Slovenije.

### **15.a člen (naročanje na zdravstveno storitev)**

(1) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe zagotavlja celotno skrb za pacienta tako, da se pacientu ne nalagajo dodatne obremenitve, kadar bi te izvajalec zdravstvene dejavnosti opravil hitreje in preprosteje od pacienta. Izvajalec zdravstvene dejavnosti pacienta, ki ga v okviru posamezne zdravstvene obravnave napotuje na več zdravstvenih storitev, naroči na vse zdravstvene storitve, vključno z morebitno diagnostiko.

(2) Izvajalec zdravstvene dejavnosti zagotovi naslednje oblike

of receipt of the request at the latest. For a particular healthcare service provided by the same healthcare service provider, the patient may only submit one request under this paragraph per month. The provisions under this paragraph shall in no way interfere with the patient's right to access his or her own personal data.

(9) Patients entered in the appointment register shall have the right to access the appointment register *mutatis mutandis* as determined by the provisions of the preceding paragraph related to the waiting list.

(10) When a waiting list is kept for a particular healthcare service, no healthcare service or dental healthcare service may be provided to patients not placed on the waiting list, unless such concerns emergency medical assistance, emergency dental healthcare or emergency medication, or urgent healthcare and dental healthcare services.

(11) The methods of reporting for healthcare service providers, the scope and manner of publication of statistical data on waiting periods and the number of waiting patients, which are published per individual healthcare service per level of urgency by the National Institute of Public Health (hereinafter: NIPH), shall be defined by the minister responsible for health.

(12) The data referred to in the preceding paragraph shall also be collected by the Health Insurance Institute of Slovenia for the purposes of monitoring and programme financing.

### **Article 15a (Making an appointment for healthcare services)**

(1) Healthcare service providers in the public healthcare network shall ensure comprehensive care for patients by refraining from placing an additional burden on patients when it is easier and faster for the healthcare service provider to perform those obligations itself. When during individual medical treatment a healthcare service provider refers a patient to multiple healthcare services, the provider shall make appointments for all healthcare services, including diagnostic procedures.

(2) Healthcare service providers shall enable the following

naročanja:

- elektronsko,
- po pošti,
- po telefonu in
- osebno v ordinaciji.

(3) Podrobnejši način naročanja na zdravstveno storitev določi minister, pristojen za zdravje.

### **15.b člen (upravljanje čakalnega seznama)**

(1) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe določi enega ali več zdravstvenih delavcev ali zdravstvenih sodelavcev za upravljanje čakalnega seznama (v nadaljnjem besedilu: pooblaščen osebna za čakalni seznam).

(2) Pacient ali v njegovem imenu njegov ožji družinski član lahko brez navajanja razlogov odpove termin najpozneje deset dni pred izvedbo zdravstvene storitve, in sicer le enkrat v okviru iste napotitve in le v okviru napotitve s stopnjo nujnosti hitro ali redno. Poznejša odpoved termina je dopustna le iz pacientovih objektivnih razlogov, ki jih določi minister, pristojen za zdravje, pri čemer pacient razlog za odpoved sporoči pisno. V primeru odpovedi iz objektivnih razlogov ne veljajo omejitve glede odpovedi termina le enkrat v okviru iste napotitve in napotitve v okviru stopnje nujnosti hitro ali redno. Po preteku 30 dni od termina odpoved ni mogoča niti v primeru pacientovih objektivnih razlogov.

(3) Če pacient ne pride na termin in termina ne odpove v skladu s prejšnjim odstavkom (neopravičena odsotnost), se ga črta s čakalnega seznama in napotna listina preneha veljati. Če je pacient neopravičeno odsoten na enem izmed terminov v okviru iste napotitve, se zdravstvena obravnava v okviru te napotitve konča. Pacient se lahko na čakalni seznam za to zdravstveno storitev pri tem izvajalcu zdravstvene dejavnosti znova uvrsti šele po poteku treh mesecev od termina, na katerem je bil neopravičeno odsoten. Rok iz prejšnjega stavka ne velja, če izvajalec zdravstvene dejavnosti presodi, da taka omejitev neposredno

forms of appointment:

- by e-mail,
- by post,
- by telephone, and
- by appointment in person.

(3) The manner of making appointments for healthcare services shall be determined in greater detail by the minister responsible for health.

### **Article 15b (Waiting list management)**

(1) Healthcare service providers in the public healthcare network shall appoint one or more healthcare or allied professionals to manage the waiting list (hereinafter: the person responsible for the waiting list).

(2) Without stating the reason, a patient or their immediate family member in their name may cancel an appointment within 10 days before the healthcare service provision at the latest, but only once for the same referral and only for a referral with a 'fast' or 'regular' level of urgency. The cancellation of an appointment shall be admissible later than that only in cases involving the patient's objective reasons determined by the minister responsible for health, whereby the patient shall communicate the reasons for cancellation in writing. In the event of cancellation due to objective reasons, no limitation shall apply regarding one-time cancellation for the same referral and a referral with a 'fast' or 'regular' level of urgency. After 30 days of appointment time, cancellation shall not be possible even for objective reasons.

(3) In the event of a missed appointment and failure to cancel in accordance with the preceding paragraph (unjustified absence), the patient shall be withdrawn from the waiting list and the referral document shall become invalid. In the event of an unjustified absence for one of many appointments under the same referral, the medical treatment under this referral shall cease. The patient may be re-entered in the waiting list for the same healthcare service with the same healthcare service provider only after a period of three months following the appointment time on which the patient was unjustifiably absent. The limitation referred

ogroža pacientovo zdravstveno stanje ali zdravstveno obravnavo. Določbe prejšnjega, tega in šestega odstavka tega člena glede termina se smiselno uporabljajo tudi za okvirni termin.

(4) Izvajalec zdravstvene dejavnosti zaradi izvedbe zdravstvene storitve in upravljanja čakalnega seznama vzpostavi stik s pacientom, ki je uvrščen na čakalni seznam, če je pacient sporočil kontaktne podatke (e-naslov ali telefonsko številko) ali če jih izvajalec že ima.

(5) Povratne informacije in obvestila pred izvedbo zdravstvene storitve, ki se pacientu pošiljajo prek elektronskih komunikacij v nešifrirani obliki, ne vsebujejo konkretnih podatkov o pacientovem zdravstvenem stanju ali vrsti zdravstvene storitve.

(6) Izvajalec zdravstvene dejavnosti redno spremlja in analizira podatke o čakalnih dobah, išče vzroke zanje in preverja spremembe čakalnega seznama z uporabo sledljivosti, o vsem tem poroča organu upravljanja, ministrstvu, pristojnemu za zdravje, in nosilcu obveznega zdravstvenega zavarovanja ter izvaja ukrepe za njihovo zmanjšanje oziroma odpravo. Izvajalec zdravstvene dejavnosti termine načrtuje v skladu z analizami čakalnih dob v okviru posamezne stopnje nujnosti ter deležem prvih in kontrolnih pregledov. Vsebinsko in način poročanja podrobneje določi minister, pristojen za zdravje.

### **15.c člen (črtanje s čakalnega seznama)**

(1) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe pacienta črta s čakalnega seznama v naslednjih primerih in rokih:

- smrt pacienta: po pridobitvi take informacije ob ažurnem pridobivanju podatkov iz centralnega registra podatkov o pacientih,
- želja pacienta po črtanju s čakalnega seznama: v 24 urah od izražene želje,
- pacientova zavrnitev izvedbe zdravstvene storitve: v 24 urah od

to in the preceding sentence shall not apply if the healthcare service provider assesses that such limitation poses a direct threat to the patient's health condition or medical treatment. The provisions of the preceding paragraph and this paragraph and paragraph six of this Article regarding appointment time shall also apply, *mutatis mutandis*, to approximate appointment times.

(4) For the provision of healthcare services and management of the waiting list, healthcare service providers shall have contact with a patient entered in the waiting list provided the patient has communicated his or her contact data (e-mail or telephone number) or the provider already has such data available.

(5) Any reply or notice sent to the patient prior to healthcare service provision through electronic media in an unencrypted form shall not contain any specific data on the patient's health condition or type of healthcare service.

(6) Healthcare service providers shall regularly monitor and analyse data on waiting periods, seek reasons therefor and inspect any changes in the waiting list using traceability methods, as well as report on such to the managing authority, the ministry responsible for health and the provider of compulsory health insurance, and implement measures to reduce or eliminate waiting periods. Healthcare service providers shall plan appointment times in accordance with waiting period analyses for each level of urgency and the share of initial examinations and follow-up visits. The content and method of reporting shall be defined in greater detail by the minister responsible for health.

### **Article 15c (Withdrawal from the waiting list)**

(1) Healthcare service providers in the public healthcare network shall withdraw a patient from the waiting list in the following cases and according the following deadlines:

- the patient's death: after obtaining information thereof through continuous monitoring of data from the central patient data register,
- the patient's wish to be withdrawn from the waiting list: within 24 hours of learning of such wish,
- the patient's refusal to use the healthcare service: within 24 hours of

- zavrnitve,
- zdravstveno stanje pacienta ne omogoča izvedbe zdravstvene storitve, zaradi katere je uvrščen na čakalni seznam: v 24 urah od ugotovitve lečečega zdravnika o takem stanju,
- neopravičena odsotnost od termina: v 24 urah od termina,
- druga ali katera koli naslednja uvrstitev na čakalni seznam za isto zdravstveno storitev (peti odstavek 15. člena tega zakona): v 24 urah od ugotovitve o naknadni uvrstitvi.

(2) V primeru črtanja iz razlogov, navedenih v prejšnjem odstavku, se napotna listina vrne izdajatelju napotne listine (stornira) z navedbo razlogov. Razlog za črtanje se navede tudi na čakalnem seznamu.

(3) O črtanju s čakalnega seznama iz razloga iz druge, tretje, četrte, pete ali šeste alineje prvega odstavka tega člena se obvesti tudi pacienta, in sicer v treh dneh od črtanja.

(4) Pooblaščen oseba za čakalni seznam v treh dneh po opravljeni zdravstveni storitvi na čakalnem seznamu označi, kdaj je bila zdravstvena storitev opravljena.

(5) Kadar se po opravljeni zdravstveni storitvi ugotovi, da je bila napotitev neutemeljena ali na napotni listini nepravilno določena stopnja nujnosti, se izdajatelju napotne listine zagotovi povratna informacija s presojo utemeljenosti napotne listine oziroma utemeljenosti prvotno določene stopnje nujnosti.

**15.č člen**  
**(obvezne objave in podrobnejše določbe glede spoštovanja pacientovega časa)**

- (1) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe na svojih spletnih straneh, na vidnem mestu v čakalnici na primarni ravni in v specialistični ambulantni dejavnosti, v specialistični bolnišnični dejavnosti pa ob vhodu na oddelek ali na običajnem oglasnem mestu bolnišnice objavi:
- oblike naročanja, morebitne časovne omejitve v sklopu posamezne

- refusal,
- the patient develops a health condition preventing the provision of the healthcare service for which he or she was entered in the waiting list: within 24 hours of the treating physician's assessment of such health condition,
- unjustified absence for appointment: within 24 hours of the appointment time,
- a second or any other entry into waiting lists for the same healthcare service (paragraph five of Article 15 of this Act): within 24 hours of receipt of information on such subsequent entry.

(2) In case of withdrawal due to the reasons referred to in the preceding paragraph, the referral document shall be returned to the referring physician (annulled) with a statement of the reasons. The reasons for withdrawal shall also be indicated on the waiting list.

(3) Information on withdrawal due to the reasons referred to in indent two, three, four, five or six of paragraph one of this Article shall also be communicated to the patient within three days of the withdrawal.

(4) Within three days of the provision of the healthcare service, the person responsible for the waiting list shall include a note on the time of provision.

(5) If it is established, after the provision of the healthcare service, that the referral was not justified or that the level of urgency on the referral document was incorrect, the referring physician shall be sent feedback including an assessment of the justification of the referral document or the initial level of urgency.

**Article 15č**  
**(Compulsory publication and detailed provisions regarding respect for patients' time)**

- (1) Healthcare service providers in the public healthcare network shall post on their website, display at a visible point in the waiting rooms of primary care or specialist outpatient care facilities or on the general information board in hospitals the following information:
- the form of appointment, any time limitations regarding individual

oblike naročanja in kontaktne podatke izvajalca zdravstvene dejavnosti,

- najkrajše čakalne dobe po posamezni stopnji nujnosti za vse zdravstvene storitve, ki jih izvaja,
- podatke o pooblaščenih osebi za čakalni seznam (osebno ime in kontaktne podatke),
- podatek o evidentiranem številu zavarovanih oseb, če gre za izbranega osebnega zdravnika.

(2) Minister, pristojen za zdravje, podrobneje določi zahteve glede določitve organizacije ordinacijskega časa, dostopa do informacij o zdravstvenih delavcih in zdravstvenih sodelavcih, prenamerjanja v primeru odpovedi termina iz razloga na strani izvajalca zdravstvene dejavnosti ter upravljanja čakalnega seznama in uvrščanja na čakalni seznam pri izvajalcih zdravstvene dejavnosti v mreži javne zdravstvene službe.

#### **16. člen (izmenjava podatkov)**

(1) Izvajalec zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe podatke iz tretjega odstavka 15. člena tega zakona in podatek o pooblaščenih osebi za čakalni seznam stalno zagotavlja NIJZ.

(2) Ne glede na zakon, ki ureja varstvo osebnih podatkov, lahko izvajalci zdravstvene dejavnosti in NIJZ brez predhodnega dovoljenja državnega nadzornega organa za varstvo osebnih podatkov povezujejo podatke iz tretjega odstavka 15. člena tega zakona z zbirko eNapotnica in eNaročilo, pri čemer lahko pri povezovanju podatkov s čakalnih seznamov izvajalcev zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe iz tretjega odstavka 15. člena tega zakona in zbirke eNapotnica in eNaročilo uporabijo isti povezovalni znak na način, da se za pridobitev osebnega podatka uporabi samo ta znak.

(3) Izmenjava oziroma povezovanje podatkov iz prvega in drugega odstavka tega člena se izvaja za namen iz šestega odstavka 15. člena tega zakona, za namen upravljanja zbirke eNapotnica in eNaročilo in za namen obveščanja pacientov o možnosti izvedbe

forms of appointment, and the contact information of the healthcare service provider,

- the shortest waiting periods according to individual levels of urgency for all healthcare services provided,
- information on the person responsible for the waiting list (personal name and contact details),
- for selected personal doctors, data on the registered number of ensured persons.

(2) The minister responsible for health shall define in greater detail any requirements regarding the organisation of office hours, access to information on healthcare and allied professionals, rescheduling an appointment in the event of the cancellation of an appointment for reasons related to the healthcare service provider and waiting list management and entries for healthcare service providers working in the public healthcare network.

#### **Article 16 (Data exchange)**

(1) Healthcare service providers in the public healthcare network shall regularly provide the data referred to in paragraph three of Article 15 of this Act and data on the person responsible for the waiting list to the NIPH.

(2) Notwithstanding the Act regulating personal data protection, healthcare service providers and the NIPH may link, without obtaining the prior authorisation of the national supervisory authority for personal data protection, all data referred to in paragraph three of Article 15 of this Act with the database 'eNapotnica' ('e-Referral') and eNaročilo ('e-Appointment'), whereby any aggregation of data from the waiting list of healthcare service providers in the public healthcare network referred to in paragraph three of Article 15 of this Act and the databases eNapotnica and eNaročila shall be carried out using the same aggregating code so as to enable the use of this code only in order to retrieve personal data.

(3) The exchange or aggregation of data referred to in paragraphs one and two of this Act shall be carried out for the purpose of paragraph six of Article 15 of this Act, for managing the databases eNapotnica and eNaročilo and for providing patients information on the

zdravstvene storitve pri drugem izvajalcu s strani NIJZ ali izvajalca.

(4) Izvajalec zdravstvene dejavnosti v svojem informacijskem sistemu zagotavlja ažurne in resnične podatke o prostih terminih oziroma okvirnih terminih in številu uvrščenih na čakalni seznam ter druge podatke, ki jih posreduje v zbirko eNapotnica in eNaročilo.

(5) Izvajalec zdravstvene dejavnosti podatke iz prvega in četrtega odstavka tega člena zagotavlja v skladu s tehničnimi navodili NIJZ, pri čemer zagotavlja samodejno povezovanje in izmenjavo podatkov prek svojega informacijskega sistema.

### **17. člen (dostop do podatkov)**

NIJZ za namen zagotavljanja obveščenosti pacientov na spletnih straneh zagotovi neprekinjen in prost dostop do:

- seznama vseh izvajalcev zdravstvene dejavnosti v mreži izvajalcev javne zdravstvene službe za območje Republike Slovenije po posameznih zdravstvenih storitvah,
- podatkov izvajalcev iz prejšnje alineje o terminih oziroma okvirnih terminih po posameznih zdravstvenih storitvah,
- seznama zdravstvenih storitev.

### **18. člen (strokovno mnenje oziroma izvid po specialistični obravnavi)**

(1) Kadar je bil pacient napoten na specialistično zdravstveno storitev zaradi morebitne nadaljnje zdravstvene obravnave, pisno strokovno mnenje oziroma izvid (v nadaljnjem besedilu: izvid) po tej storitvi poleg diagnostičnih podatkov vsebuje tudi predlog o nadaljnji zdravstveni obravnavi.

(2) Pacient prejme izvid takoj oziroma najpozneje v sedmih dneh po opravljeni zdravstveni storitvi, razen če je strokovno utemeljeno, da je rok za izdajo izvida daljši oziroma krajši. V nujnih primerih, tudi v

possibility of obtaining healthcare services with other providers, where the information is given by the NIPH or the provider.

(4) Healthcare service providers shall ensure up-to-date and truthful data in their information systems on available appointment times or approximate appointment times as well as the number of patients on the waiting list and other data transferred to the databases eNapotnica and eNaročilo.

(5) Healthcare service providers shall provide the data referred to in paragraphs one and four of this Act in accordance with the technical requirements of the NIPH, allowing for automatic aggregation and exchange of data through their information systems.

### **Article 17 (Data access)**

In order to provide patients with information, the NIPH ensures, through its website, continuous and free access to:

- a list of all healthcare service providers in the public healthcare network for the territory of the Republic of Slovenia according to specific healthcare services,
- information from the providers referred to in the preceding indent on appointment times or approximate appointment times according to specific healthcare services,
- a list of healthcare services.

### **Article 18 (Expert opinions and results of specialist treatment)**

(1) When a patient is referred to a specialist healthcare service for further medical treatment, the written expert opinion or results (hereinafter: results) following the examination shall include diagnostic data and the proposal on further medical treatment.

(2) Patients shall receive the results immediately or within seven days of the provided healthcare service at the latest, except when longer or shorter deadlines for issuing results are based on an expert

primerih suma na maligno obolenje oziroma tekom zdravljenja malignega obolenja, se izvid pacientu izda takoj.

## 6. Pravica do obveščenosti in sodelovanja

### **19. člen (način sporazumevanja)**

Pacient ima pravico, da zdravstveni delavci in zdravstveni sodelavci z njim govorijo ali drugače komunicirajo v slovenskem jeziku ali v jeziku narodne skupnosti na območjih lokalnih skupnosti, kjer je poleg slovenskega jezika uradni jezik tudi italijanski oziroma madžarski jezik.

### **20. člen (obveščena pacienta in pojasnilna dolžnost)**

(1) Pacient ima pravico, da je zaradi uresničevanja pravice do samostojnega odločanja o zdravljenju in pravice do sodelovanja v procesu zdravljenja obveščen o:

- svojem zdravstvenem stanju in verjetnem razvoju ter posledicah bolezni ali poškodbe,
- cilju, vrsti, načinu izvedbe, verjetnosti uspeha ter pričakovanih koristih in izidu predlaganega medicinskega posega oziroma predlaganega zdravljenja,
- možnih tveganjih, stranskih učinkih, negativnih posledicah in drugih neprijetnostih predlaganega medicinskega posega oziroma predlaganega zdravljenja, vključno s posledicami njegove opustitve,
- morebitnih drugih možnosti zdravljenja,
- postopkih in načinov zdravljenja, ki v Republiki Sloveniji niso dosegljivi ali niso pravice iz obveznega zdravstvenega zavarovanja.

(2) Pojasnila iz prejšnjega odstavka mora zdravnik, odgovoren za zdravljenje, pojasniti pacientu v neposrednem stiku, obzirno, na pacientu razumljiv način oziroma skladno z individualnimi sposobnostmi sprejemanja informacij, v celoti in pravočasno. Za operativni ali drug

opinion. In cases of emergency and suspected malignant disease or during treatment of malignant disease, the results shall be given to the patient immediately.

## 6. Right to information and cooperation

### **Article 19 (Manner of communication)**

Patients shall have the right to be addressed by or to communicate with healthcare and allied professionals in Slovene or in the language of a national community if they are treated in the area of a local community where Italian or Hungarian is recognised as an official language beside Slovene.

### **Article 20 (Informing patients and the duty to obtain informed consent)**

(1) In order to ensure exercise of the right to independently decide on treatment and to participate in the treatment process, patients shall have the right to be informed of:

- their health condition and the probable development and consequences of a disease or injury,
- the aim, type, manner, probability of success and expected benefits and outcome of the proposed medical procedure or treatment,
- the possible risks, side effects, negative consequences and other inconveniences related to the proposed medical procedure or treatment, including the consequences of the suspension thereof,
- any alternative treatment possibilities,
- treatment procedures and methods which are unavailable in the Republic of Slovenia or are not covered by compulsory health insurance.

(2) The information referred to in the preceding paragraph shall be explained to the patient by the physician responsible for treatment in a direct manner, with due discretion, in understandable language or in accordance with the individual's capacity to comprehend information, fully

medicinski poseg, povezan z večjim tveganjem ali večjo obremenitvijo, pacientu da razumljiva ustna in pisna pojasnila zdravnik, ki bo opravil medicinski poseg, če to ni možno, pa drug zdravnik, ki je usposobljen za tak medicinski poseg.

(3) Pacient ima pravico do sprotnega in podrobnega obveščanja o poteku zdravljenja ter po koncu medicinskega posega oziroma zdravljenja pravico do obveščenosti o rezultatu zdravljenja oziroma morebitnih zapletih.

(4) Pacient, ki ni sposoben odločanja o sebi, uresničuje pravice po tem členu v skladu z zmožnostmi, ki jih dopušča njegova sposobnost razumevanja.

### **21. člen (sodelovanje pacienta)**

Pacient ima pravico, da po pridobitvi pojasnil iz prejšnjega člena dejavno sodeluje pri izbiri načina zdravljenja.

### **22. člen (izjeme od pravice do obveščenosti pacienta)**

(1) Pacientu se sme le izjemoma zamolčati podatke o njegovem zdravstvenem stanju, če zdravnik glede na okoliščine oceni, da bi mu takšno obvestilo povzročilo resno zdravstveno škodo, razen kadar pacient, ki je sposoben odločanja v svojo najboljšo zdravstveno korist, izrecno zahteva, da je o svojem zdravstvenem stanju popolnoma obveščen. Razloge za zamolčanje podatkov se ločeno dokumentira v zdravstveni dokumentaciji.

(2) Zdravnik mora spoštovati pacientovo zahtevo, da se mu podatki o njegovem zdravstvenem stanju ne sporočijo, razen če bi drugim grozila resna zdravstvena škoda. Zahtevo pacienta se ločeno dokumentira v zdravstveni dokumentaciji.

and in a timely manner. In case of surgery or any other medical procedure related to increased risk or strain, the patient shall be given an understandable oral and written explanation by the attending physician, or if this is not possible, by another physician competent to perform such procedure.

(3) Patients shall have the right to continuous and detailed information on the progress of treatment, and upon the conclusion of a medical procedure or treatment to information on the results of the treatment or possible complications.

(4) If a patient does not have decision-making capacity, the rights under this Article shall be exercised to the extent possible according to his or her capacity to comprehend such.

### **Article 21 (Patient cooperation)**

Upon receiving all the explanations referred to in the preceding Article, the patient shall have the right to actively participate in the selection of treatment methods.

### **Article 22 (Exception to the right to information)**

(1) Information on a patient's health condition may be withheld only in exceptional cases when the physician establishes that under the current circumstances such information might cause a severe health damage, unless the patient is capable of deciding on his or her best benefit and explicitly demands to be fully informed of his or her health condition. The reasons for withholding information shall be kept separately in the health record.

(2) The physician shall respect a patient's request not to be informed of his or her health condition, unless thereby others face the risk of a severe health damage. The patient's request shall be kept separately in the health record.



### **23. člen**

#### **(seznanitev pacienta o tem, kdo sodeluje pri njegovem zdravljenju)**

(1) Pacient ima pravico vedeti, kdo ga zdravi in kdo sodeluje pri njegovem zdravljenju.

(2) V ordinaciji, ambulanti ali na drugem mestu, kjer se opravlja zdravstvena obravnava, je v čakalnici ali na drugem vidnem mestu objavljeno osebno ime in strokovni ter morebitni znanstveni naziv zdravstvenega delavca oziroma zdravstvenega sodelavca ter njegova časovna dostopnost.

(3) Zdravstveni delavec oziroma zdravstveni sodelavec, ki ima neposreden stik s pacientom, ima na vidnem mestu oznako z navedbo osebnega imena in strokovnega ter morebitnega znanstvenega naziva ter se pacientu osebno predstavi.

(4) V prostorih iz drugega odstavka tega člena mora biti na vidnem mestu objavljen naziv pravne ali fizične osebe, s katero ima izvajalec zdravstvene dejavnosti sklenjeno pogodbo za izvajanje laboratorijskih in drugih storitev.

### **24. člen**

#### **(splošne informacije in informacije ob odpustu)**

(1) Izvajalci zdravstvene dejavnosti morajo pacientu na njemu razumljiv način pojasniti organizacijske vidike zdravljenja. Pacienta morajo seznaniti tudi s posebnostmi dostopa do storitev, kot so čakalne dobe, čakalni časi in čakalni sezname ter plačljivostjo storitev iz programa obveznega zdravstvenega zavarovanja.

(2) Pri vsakem izvajalcu zdravstvene dejavnosti morajo biti pacientu na voljo pisne informacije o vsebini tega zakona in splošne informacije o izvajalcu in zdravstvenih storitvah, ki jih nudi. Ob sprejemu v stacionarno obravnavo mora biti pacient seznanjen s hišnim redom, ureditvijo nastanitve in bivanja.

### **Article 23**

#### **(Information on persons involved in treatment)**

(1) A patient shall have the right to know who is the treating doctor and persons involved in the treatment.

(2) In the waiting room or in a prominent place in the physician's office, outpatient clinic or any other premise where medical treatment is provided, the personal name and professional or academic title of the healthcare or allied professional shall be displayed together with his or her availability.

(3) Healthcare or allied professionals who are in direct contact with a patient shall have a tag displayed in a prominent place with their personal name and professional or academic title, and shall introduce themselves to the patient.

(4) On the premises referred to in paragraph two of this Article, information on the legal or natural person with whom the healthcare service provider concluded a contract on the provision of laboratory and other services must be displayed in a prominent place.

### **Article 24**

#### **(General information and discharge information)**

(1) Healthcare service providers shall explain to the patient, in a comprehensible manner, the organisational aspects of treatment. The patient must also be informed of any particularities regarding access to treatment, such as waiting periods, waiting time and waiting lists, as well as the payment of services under the compulsory health insurance programme.

(2) Healthcare service providers shall have available written information on the content of this Act and general information on the provider and the healthcare services offered. Upon admission into in-patient care, patients must be informed of the house rules, and general arrangements regarding accommodation.

(3) Ob odpustu iz bolnišnice ali drugega zavoda ima pacient pravico do pisnega poročila o diagnozi, zdravljenju in zdravstveni negi ter do navodil za nadaljnje zdravljenje in ravnanje do prvega obiska pri osebнем zdravniku, vključno s potrebnimi zdravili ali medicinskimi pripomočki.

#### **25. člen (seznanitev s stroški)**

(1) Če zdravstveno storitev pacient delno ali v celoti plača sam, mu izvajalec zdravstvene dejavnosti predhodno predloži pisno informacijo o predvidenih stroških zdravstvenih storitev. Po opravljeni zdravstveni storitvi pacient prejme račun za opravljene zdravstvene storitve ter uporabljena zdravila in medicinske pripomočke.

(2) Če pacient zdravstvene storitve ne plača sam, ga izvajalec zdravstvene dejavnosti po opravljeni zdravstveni storitvi seznaní z obračunom, specíficiranim po posameznih zdravstvenih storitvah, uporabljenih zdravilih in medicinskih pripomočkih.

(3) Na zahtevo pacienta je izvajalec zdravstvene dejavnosti dolžan pacientu račun obrazložiti.

### 7. Pravica do samostojnega odločanja o zdravljenju

#### 7.1 Pravica do privolitve v zdravstveno obravnavo

#### **26. člen (privolitev)**

(1) Pacient ima pravico do samostojnega odločanja o zdravljenju, pod pogoji, ki jih določa zakon.

(2) Pacientu, ki je sposoben odločanja o sebi, brez njegove poprejšnje svobodne in zavestne privolitve na podlagi prejetih pojasnil iz 20. člena tega zakona ni dovoljeno opraviti medicinskega posega

(3) Upon discharge from a hospital or other institution, the patient shall have the right to obtain a written report on the diagnosis, treatment and nursing care provided, as well as instructions on further treatment and conduct prior to the initial appointment with a personal physician, including the required medicinal products or medical devices.

#### **Article 25 (Cost notification)**

(1) If a healthcare service is paid for by the patient, partially or in full, the healthcare service provider shall issue a preliminary written statement on the foreseen costs of healthcare service. Upon the provision of the healthcare service, the patient shall be issued an invoice for the healthcare service provided and the medicinal products and medical devices used.

(2) If the healthcare service is not paid for by the patient, the healthcare service provider shall issue an informative bill for the patient specifying each healthcare service and the medicinal products and medical devices used.

(3) Upon the request of the patient, the healthcare service provider shall explain the invoice.

### 7. Right to independently decide on treatment

#### 7.1. Right to consent to medical treatment

#### **Article 26 (Consent)**

(1) A patient shall have the right to independently decide on treatment under the conditions determined by this Act.

(2) If a patient is capable of making independent decisions, it is forbidden to carry out any medical procedure or treatment without the

oziroma zdravstvene obravnave, razen v primerih, ki jih določa zakon.

(3) Pod pogoji iz prejšnjega odstavka in na način ter pod drugimi pogoji, ki jih določa zakon, je privolitev pacienta potrebna tudi v primeru:

- sodelovanja v učnem procesu, zlasti ob prisotnosti drugih oseb med izvajanjem zdravstvene obravnave zaradi zdravstvenega izobraževanja, ki ga ureja 43. člen tega zakona,
- uporabe zdravstvenih podatkov za namene, ki ne predstavljajo zdravljenja, ki jo ureja 44. člen tega zakona,
- seznanjanja tretjih oseb z zdravstveno dokumentacijo, ki ga ureja 44. člen tega zakona,
- sporočanja informacij o zdravstvenem stanju tretjim osebam, ki ga ureja 45. člen tega zakona,
- sodelovanja v medicinskih raziskavah,
- preiskav na njemu odvzetem biološkem materialu, pri čemer se te lahko opravijo samo za potrebe njegovega zdravljenja, razen če morebitno drugo rabo biološkega materiala ureja poseben zakon,
- razpolaganja s telesom ali deli telesa po njegovi smrti za potrebe medicinskega izobraževanja in znanstvenih raziskav, za katerega se smiselno uporabljajo določbe zakona, ki ureja odvzem in presaditev delov človeškega telesa zaradi zdravljenja,
- darovanja organov, tkiv ali celic v času življenja in po smrti, ki ga ureja poseben zakon.

(4) Pacient lahko da privolitev ustno, z dejanjem oziroma ravnanjem, iz katerega je mogoče zanesljivo sklepati, da pomeni privolitev, ali pisno, kadar tako določa zakon. Privolitev se lahko da tudi za več medicinskih posegov skupaj, če predstavljajo funkcionalno celoto v okviru postopka zdravljenja.

(5) Za operativni ali drug medicinski poseg, povezan z večjim tveganjem ali večjo obremenitvijo, mora biti pacientova privolitev dokumentirana na obrazcu iz 27. člena tega zakona.

(6) Kadar pacient ne more dati pisne privolitve, lahko da privolitev tudi ustno v prisotnosti dveh polnoletnih prič, kar je treba dokumentirati na obrazcu iz 27. člena tega zakona, skupaj z navedbo

prior free and informed consent thereof based on the explanations referred to in Article 20 of this Act, except in the cases determined by an Act.

(3) In the conditions referred to in the preceding paragraph and in the manner and under other conditions determined by an Act, the patient's consent shall also be required for the following:

- participation in a learning process, in particular in the presence of other persons during the provision of medical treatment under healthcare education, as regulated by Article 43 of this Act,
- using health information for purposes other than treatment, as regulated by Article 44 of this Act,
- conveying information from medical records to third parties, as regulated by Article 44 of this Act,
- conveying information on a health condition to third parties, as regulated by Article 45 of this Act,
- participation in medical research,
- examining biological material taken from a patient, regarding which exams may only be carried out for the purpose of the patient's treatment, unless some other usage of biological material is regulated by a separate Act,
- disposing of the body or parts of the body after the patient's death for the purpose of medical education and scientific research, for which the provisions of the Act regulating the removal and transplantation of human body parts for treatment apply *mutatis mutandis*,
- donations of organs, tissues or cells in during life and after death, as regulated by a separate Act.

(4) A patient can provide consent orally, by an action or by conduct that can be reliably interpreted as consent, or in writing, when determined by an Act. Consent may be provided for several procedures at the same time if they constitute a functional unit within the treatment process.

(5) For surgery or any other medical procedure related to increased risk or strain, the patient's consent must be provided on the form referred to in Article 27 of this Act.

(6) When a patient is unable to provide written consent, consent may be given orally in the presence of two witnesses over the age of 18 years, which must be documented on the form referred to in

razloga nezmožnosti.

(7) Če pacient v medicinski poseg privoli, pisne privolitve pa noče dati, je treba to dejstvo in morebitne razloge dokumentirati na obrazcu iz 27. člena tega zakona in potrditi s podpisom dveh polnoletnih prič.

### **27. člen (privolitveni obrazec)**

(1) Privolitev iz petega odstavka prejšnjega člena se dokumentira na privolitvenem obrazcu, ki vsebuje:

- osnovne podatke o izvajalcu zdravstvene dejavnosti,
- opis medicinskega posega oziroma zdravstvene obravnave z navedbo pglavitnih možnih zapletov in pričakovanih koristi ter povzetek drugih pojasnil iz 20. člena tega zakona,
- osebno ime in podpis zdravnika, ki opravi pojasnilno dolžnost, oziroma zdravnika, ki medicinski poseg oziroma zdravstveno obravnavo izvede,
- privolitveno in zavrnitveno izjavo ter izjavo o prejemu in razumevanju pojasnil iz 20. člena tega zakona ter izjavo o preklicu iz 31. člena tega zakona,
- osebno ime in ZZZS številko zavarovane osebe ali drug osebni podatek, ki identificira pacienta,
- osebno ime in drug podatek, ki omogoča identifikacijo prič, oseb, ki dajejo soglasje, in oseb, ki dajejo privolitev namesto pacienta, ki ni sposoben odločanja o sebi,
- osebna imena, kontaktne podatke in razmerje do pacienta tistih oseb, ki jih pacient določi v okviru privolitve iz tretje in četrte alineje tretjega odstavka prejšnjega člena in način ter obseg uresničevanja pravice,
- čas in datum danih izjav,
- navedbo razlogov in okoliščin iz šestega in sedmega odstavka prejšnjega člena,
- podpis pacienta, razen v primerih, ki jih določa ta zakon, in podpise

Article 27 of this Act, together with a note on the reasons explaining the inability.

(7) If a patient provides consent for a procedure but refuses to give written consent, this fact and any reasons therefor must be documented on the form referred to in Article 27 of this Act, and confirmed by the signatures of two witnesses over the age of 18 years.

### **Article 27 (Consent form)**

(1) The consent referred to in paragraph five of the preceding Article shall be documented on a consent form containing the following data:

- general information on the healthcare service provider,
- a description of the medical procedure or medical treatment, including major possible complications and expected benefits, with a summary of the other explanations referred to in Article 20 of this Act,
- the personal name and signature of the physician assuming the duty to obtain informed consent or the physician performing the medical procedure or medical treatment,
- the statement of consent or refusal, a statement on receiving and understanding the explanation referred to in Article 20 of this Act, and a statement on revocation referred to in Article 31 of this Act,
- the personal name and the personal national health insurance number of the person insured or any other personal information necessary for patient identification,
- the personal name and any other personal information necessary for the identification of witnesses, persons providing consent, and persons providing consent in lieu of a patient without decision-making capacity,
- the personal names, contact information and relationship with the patient for all persons named by the patient within the consent procedure referred to in indents three and four of paragraph three of the preceding Article, and the manner and scope of exercising this right,
- the time and date of the provided statements,
- a statement of the reasons and circumstances referred to in paragraphs six and seven of the preceding Article,
- the signature of the patient, except in cases determined by this Act,

- drugih oseb, kadar je to potrebno,
- druge sestavine, ki so potrebne glede na naravo in okoliščine privolitve oziroma zavrnitve, ali jih določa drug zakon.

(2) Natančnejšo vsebino in obliko privolitvenega obrazca predpiše minister, pristojen za zdravje.

(3) Fotokopijo izpolnjenega in podpisanega privolitvenega obrazca se izroči tudi pacientu.

## 7.2 Zdravstvena obravnava brez privolitve

### **28. člen (nujna medicinska pomoč)**

Če pacient ni sposoben odločanja o sebi ali ni zmožen izraziti svoje volje, se lahko opravi nujna medicinska pomoč brez njegove privolitve.

### **29. člen (medicinski poseg oziroma zdravstvena obravnava brez privolitve pacienta)**

Medicinski poseg oziroma zdravstvena obravnava, ki ni poseg oziroma obravnava iz prejšnjega člena in hkrati ni operativni ali drug medicinski poseg, povezan z večjim tveganjem ali večjo obremenitvijo, se pacientu lahko opravi brez njegove privolitve pod naslednjimi pogoji:

- pacient ni sposoben odločanja o sebi,
- zdravnik ni vedel in ni mogel vedeti, da je pacient, pacientov zdravstveni pooblaščenec oziroma pooblaščenka (v nadaljnjem besedilu: pacientov zdravstveni pooblaščenec), pacientov zakoniti zastopnik oziroma zastopnica (v nadaljnjem besedilu: zakoniti zastopnik) ali druga oseba, ki po zakonu lahko da privolitev, posegu nasprotoval,
- privolitve oseb iz prejšnje alineje v razumnem času ni bilo mogoče pridobiti in
- bo medicinski poseg oziroma zdravstvena obravnava pacientu v največjo zdravstveno korist.

- and the signatures of other persons, if applicable,
- other elements required due to the nature and circumstances of the consent or refusal, or determined by another Act.

(2) The content and layout of the consent form shall be prescribed in greater detail by the minister responsible for health.

(3) A photocopy of the completed and signed consent form shall also be provided to the patient.

## 7.2. Medical treatment without consent

### **Article 28 (Emergency medical assistance)**

If a patient lacks decision-making capacity or is unable to express his or her will, emergency medical assistance may be provided without consent.

### **Article 29 (Medical procedures or medical treatment without the patient's consent)**

A medical procedure or medical treatment other than that referred to in the preceding Article, and which does not involve surgery or any other procedure related to increased risk or strain, may be provided to a patient without consent if the following criteria are met:

- the patient lacks decision-making capacity,
- the physician does not know or was in no condition to know that the patient, the patient's healthcare proxy, legal representative or any other persons allowed to give consent in accordance with an Act opposed the procedure,
- the consent of the persons referred to in the preceding indent may not be obtained in a reasonable time,
- the medical procedure or medical treatment represents a major health benefit for the patient.

### 7.3 Pravica do zavrnitve zdravstvene obravnave

#### **30. člen (zavrnitev)**

(1) Pacient, ki je sposoben odločanja o sebi, ima pravico zavrniti predlagani medicinski poseg oziroma zdravstveno obravnavo, razen kadar bi to ogrozilo življenje ali huje ogrozilo zdravje drugih.

(2) Če zdravnik, ki pacienta zdravi, oceni, da je pacientova odločitev v nasprotju z njegovo najboljšo zdravstveno koristjo in bi zavrnitev lahko ogrozila njegovo življenje ali povzročila nepopravljivo in hudo poslabšanje njegovega zdravstvenega stanja, mora poskusiti pacienta o tem prepričati, po potrebi pa za pomoč zaprositi pacientove ožje družinske člane oziroma predlagati pacientu pridobitev drugega mnenja.

(3) Zavrnitev medicinskega posega oziroma zdravstvene obravnave ne sme imeti posledic v odnosu zdravstvenih delavcev oziroma zdravstvenih sodelavcev do pacienta.

(4) Za operativne ali druge medicinske posege, povezane z večjim tveganjem ali večjo obremenitvijo, se zavrnitev dokumentira na obrazcu iz 27. člena tega zakona.

#### **31. člen (preklic privolitve ali zavrnitve)**

(1) Pacient ima pravico kadar koli preklicati privolitev v medicinski poseg oziroma zdravstveno obravnavo pod pogoji iz prvega odstavka prejšnjega člena.

(2) Pacient ima pravico kadar koli preklicati zavrnitev medicinskega posega oziroma zdravstvene obravnave pod pogoji iz 26. člena tega zakona

### 7.4 Posebni varovalni ukrep

### 7.3. Right to refuse medical treatment

#### **Article 30 (Refusal)**

(1) A patient with decision-making capacity shall have the right to refuse a proposed medical procedure or medical treatment, except when this would threaten or seriously threaten the lives of others.

(2) If the physician who is treating a patient assesses that the patient's decision is contrary to the greatest health benefit and that refusal could endanger his or her life or cause irreparable and severe deterioration of his or her health condition he or she must try to convince the patient of the necessity of the procedure, and if needed ask the patient's immediate family members for help or propose that a second opinion be obtained.

(3) Refusal of a medical procedure or medical treatment shall not cause any changes in the relationship between healthcare or allied professionals and the patient.

(4) For surgery or any other medical procedure related to increased risk or strain, the refusal must be noted on the form referred to in Article 27 of this Act.

#### **Article 31 (Revocation of consent or refusal)**

(1) A patient has the right to revoke consent to a medical procedure or medical treatment at any time and under the terms referred to in paragraph one of the preceding Article.

(2) A patient has the right to revoke refusal of a medical procedure or medical treatment at any time and under the terms referred to in Article 26 of this Act.

### 7.4 Special safety measures

**31.a člen**  
**(posebni varovalni ukrep)**

(1) Za zagotavljanje kakovostne in varne zdravstvene obravnave se lahko izvaja ukrep telesnega oviranja s pasovi (v nadaljnjem besedilu: posebni varovalni ukrep).

(2) Posebni varovalni ukrep je nujen ukrep, ki se uporabi zaradi omogočanja zdravljenja pacienta ali zaradi odprave ali obvladovanja nevarnega vedenja pacienta:

- kadar je ogroženo njegovo življenje ali življenje drugih, huje ogroženo njegovo zdravje ali zdravje drugih ali s svojim ravnanjem povzroča hudo premoženjsko škodo sebi ali drugim in
- ogrožanja ni mogoče preprečiti z drugim, blažjim ukrepom.

(3) Posebni varovalni ukrep uvede lečeči zdravnik, ki v zdravstveno dokumentacijo pacienta vpiše podatke o razlogu, namenu, trajanju in spremljanju izvajanja ukrepa. Pacienta, zoper katerega je uveden posebni varovalni ukrep, se nadzoruje, spremlja njegove vitalne funkcije in obravnava ves čas trajanja ukrepa v skladu s sodobno medicinsko doktrino.

(4) Posebni varovalni ukrep lahko traja le toliko časa, kolikor je nujno potrebno glede na razlog njegove uvedbe, vendar ne več kot štiri ure.

(5) Trajanje posebnega varovalnega ukrepa lahko v časovnem intervalu iz prejšnjega odstavka lečeči zdravnik podaljša po seznanitvi z zdravstvenim stanjem pacienta, vendar le, če za to še vedno obstajajo razlogi iz drugega odstavka tega člena, kar se vpiše v zdravstveno dokumentacijo pacienta. Ne glede na prejšnji stavek zdravnik pacienta osebno pregleda po 12 urah od uvedbe ukrepa.

(6) Izjemoma lahko posebni varovalni ukrep uvede drug zdravstveni delavec, vendar o tem nemudoma obvesti lečečega zdravnika. Če lečeči zdravnik ukrepa ne uvede, se izvajanje ukrepa takoj opusti in se o tem napravi pisni zaznamek v pacientovo zdravstveno

**Article 31a**  
**(Special safety measures)**

(1) In order to ensure quality and safe medical treatment, a physical restraint measure with a belt may be applied (hereinafter: special safety measure).

(2) A special safety measure shall constitute an emergency measure that is used to enable the medication of a patient or to eliminate or control the dangerous behaviour of a patient:

- when the patient's life or the life of others is at risk or great risk, or when his or her actions cause serious pecuniary loss to him- or herself or others, and
- when the risks cannot be mitigated by other simpler measures.

(3) A special safety measure shall be adopted by the treating physician, who shall include information on the reason, purpose, duration and monitoring of the implementation of the measure in the patient's medical records. A patient subject to a special safety measure shall be under supervision, his or her vital functions shall be monitored, and he or she shall be treated in accordance with modern medical doctrine throughout the duration of the measure.

(4) A special safety measure may only last for the amount of time required by the reasons for implementing it, but for no longer than four hours.

(5) Within the time frame referred to in the preceding paragraph, the duration of a special safety measure may be prolonged by the treating physician after being informed of the health condition of the patient, but only if the reasons referred to in paragraph two of this Article continue to exist, which shall be included in the patient's medical records. Irrespective of the preceding sentence, the physician shall personally examine the patient 12 hours after the introduction of the measure.

(6) In exception, a special safety measure may be implemented by another healthcare professional, but he or she shall inform the treating physician thereof immediately. If the treating physician refuses to implement the measure, the measure shall be abandoned and

dokumentacijo.

(7) Lečeči zdravnik o uvedbi in izvedbi posebnega varovalnega ukrepa v 12 urah pisno obvesti pacientovega ožjega družinskega člana oziroma bližnjo osebo, če pacient nima ožjih družinskih članov, in zastopnika pacientovih pravic, razen če pacient, ki ima po uvedenem ukrepu sposobnost odločanja o sebi, temu obvestilu izrecno nasprotuje. Zastopnika pacientovih pravic se obvesti le, kadar si ga je pacient izbral, kadar pacient nima ožjega družinskega člana oziroma ne določi bližnje osebe ali kadar se ožji družinski član ali bližnja oseba obvestilom iz tega odstavka pisno odpove.

(8) Izvajalci zdravstvene dejavnosti za namen spremljanja uporabe posebnega varovalnega ukrepa vodijo evidenco, ki vsebuje naslednje podatke:

- naziv izvajalca zdravstvene dejavnosti,
- osebno ime in EMŠO pacienta, pri katerem je bil uporabljen posebni varovalni ukrep,
- razlog uvedbe posebnega varovalnega ukrepa,
- čas trajanja posebnega varovalnega ukrepa (datum in ura uvedbe in prenehanja izvajanja ukrepa),
- osebno ime in šifra zdravstvenega delavca, ki je uvedel posebni varovalni ukrep,
- osebno ime ožjega družinskega člana oziroma bližnje osebe in njeno razmerje do pacienta ter osebno ime zastopnika pacientovih pravic, ki je bil obveščen o uvedbi posebnega varovalnega ukrepa.

(9) Izvajalec zdravstvene dejavnosti predloži ministru, pristojnemu za zdravje, in ministru, pristojnemu za socialo, v anonimizirani obliki letno poročilo o uporabi posebnega varovalnega ukrepa do 15. marca tekočega leta za preteklo koledarsko leto.

8. Pravica do upoštevanja vnaprej izražene volje

**32. člen**  
**(pacientov zdravstveni pooblaščenec)**

a written comment shall be included in the patient's medical records.

(7) Within 12 hours of the introduction and implementation of a special safety measure, the treating physician shall inform thereof an immediate family member of the patient or a person close to the patient if the patient does not have immediate family members, and the patients' rights advocate, unless the patient maintains decision-making capacity after the introduction of the measure and explicitly opposes such. The patients' rights advocate shall be informed only if the patient had selected one, when the patient does not have immediate family members or has not appointed a close person, or when the immediate family member or close person refuses to accept the notifications referred to in this paragraph in writing.

(8) In order to monitor the use of the special safety measure, healthcare service providers shall keep a record containing the following data:

- the name of the healthcare service provider,
- the personal name and personal identification number of the patient for whom the special safety measure was applied,
- the reason for introducing the special safety measure,
- the duration of the special safety measure (the date and hour of its introduction and termination of use),
- the personal name and code of the healthcare professional who introduced the special safety measure,
- the personal name of the immediate family member or close person and their relationship to the patient, and the personal name of the patients' rights advocate who was informed of the use of the special safety measure.

(9) Healthcare service providers shall submit an annual report in anonymous form on the use of special safety measures to the minister responsible for health and the minister responsible for social affairs by 15 March for the preceding calendar year.

8. Right to respect for advance healthcare directives

**Article 32**  
**(A patient's healthcare proxy)**



(1) Pacient, ki je sposoben odločanja o sebi in je dopolnil 18 let starosti, lahko določi osebo, ki bo v primeru in za čas njegove nesposobnosti odločanja o sebi odločala o njegovi zdravstveni obravnavi in drugih pravicah iz tega zakona (v nadaljnjem besedilu: pacientov zdravstveni pooblaščenec).

(2) Pacientov zdravstveni pooblaščenec je lahko oseba, ki je sposobna odločanja o sebi in je dopolnila 18 let starosti. Pacientov zdravstveni pooblaščenec ima pravico do seznanitve s pacientovo zdravstveno dokumentacijo in njegovim zdravstvenim stanjem ter pojasnili, ki so pomembna za odločanje o zdravstveni obravnavi.

(3) Pacient zdravstvenega pooblaščenca določi s pisnim pooblastilom, na katerem mora biti pacientov podpis overjen. V pooblastilu lahko pacient določi navodila in usmeritve glede njegove zdravstvene obravnave ter morebitne omejitve pravice do seznanitve z zdravstveno dokumentacijo in njegovim zdravstvenim stanjem.

(4) Pooblastilo iz prejšnjega odstavka lahko pacient kadar koli prekliče s pisno izjavo, pacientov zdravstveni pooblaščenec pa se mu lahko ob vsakem času odpove s pisno izjavo, razen kadar bi odpoved lahko povzročila resno zdravstveno škodo za pacienta.

(5) Osebno ime, rojstni in kontaktni podatki pacientovega zdravstvenega pooblaščenca so izvajalcu zdravstvene dejavnosti dostopni prek centralnega registra podatkov o pacientih, ki ga določa zakon, ki ureja zbirke podatkov s področja zdravstvenega varstva. Postopek zapisa in izbrisa podatkov, hrambo in postopek seznanitve s pooblastilom predpiše minister, pristojen za zdravje.

### **33. člen**

#### **(izključitev oseb, ki so po zakonu upravičene do odločanja o zdravstveni obravnavi)**

(1) Pacient, ki je sposoben odločanja o sebi in je dopolnil 18 let starosti, lahko s pisno izjavo izključi ali omeji osebe, ki so upravičene do odločanja o njegovi zdravstveni obravnavi po tem zakonu, za primere ko ni sposoben odločanja o sebi.

(1) A patient with decision-making capacity of at least 18 years of age may appoint a proxy who, on his or her behalf, can decide on his or her medical treatment and other rights under this Act in the case and for the time of their decision-making incapacity (hereinafter: patient's healthcare proxy).

(2) A patient's healthcare proxy may be any person with decision-making capacity of at least 18 years of age. A patient's healthcare proxy shall have the right to be informed of the patient's medical records, health condition and any additional clarifications necessary for decisions on medical treatment.

(3) A patient shall appoint a healthcare proxy by written and certified authorisation bearing the patient's signature. The patient's authorisation may include instructions and guidelines regarding medical treatment and possible limitations of the right to access his or her medical records and to be informed of his or her health condition.

(4) The authorisation referred to in the preceding paragraph may be revoked at any time by a written statement, whereas the healthcare proxy may withdraw from such an authorisation at any time by a written statement, unless the withdrawal might cause severe health damage to the patient.

(5) The personal name, birth and contact data of the patient healthcare proxy shall be available to the healthcare service provider through the central register of patients' data as determined by the Act regulating healthcare databases. The procedure for data collection deletion and storage and the procedure for being informed of the authorisation shall be prescribed by the minister responsible for health.

### **Article 33**

#### **(Exclusion of persons legally entitled to decide on medical treatment)**

(1) A patient with decision-making capacity of over 18 years of age may exclude or limit, by a written statement, persons entitled to decide on medical treatment according to this Act in cases where he or she lacks decision-making capacity.

(2) Izjava iz prejšnjega odstavka je izvajalcu zdravstvene dejavnosti dostopna prek centralnega registra podatkov o pacientih, ki ga določa zakon, ki ureja zbirke podatkov s področja zdravstvenega varstva.

### **34. člen (upoštevanje vnaprej izražene volje)**

(1) Pacient, ki je sposoben odločanja o sebi in je dopolnil 18 let starosti, ima pravico, da se upošteva njegova volja o tem, kakšne zdravstvene obravnave ne dovoljuje, če bi se znašel v položaju, ko ne bi bil sposoben dati veljavne privolitve, če:

- bi trpel za hudo boleznijo, ki bi glede na dosežke medicinske znanosti v kratkem času vodila v smrt tudi ob ustreznem medicinskem posegu oziroma zdravstveni obravnavi in tako zdravljenje ne daje upanja na ozdravitev oziroma izboljšanja zdravja ali lajšanje trpljenja, ampak samo podaljšuje preživetje,
- bi mu medicinski poseg oziroma zdravstvena obravnava podaljšala življenje v položaju, ko bo bolezen ali poškodba povzročila tako hudo invalidnost, da bo dokončno izgubil telesno ali duševno sposobnost, da bi skrbel zase.

(2) Volja iz prve alineje prejšnjega odstavka je za zdravnika zavezujoča, volja iz druge alineje prejšnjega odstavka pa mora biti upoštevana kot smernica pri odločanju o zdravljenju.

(3) Vnaprej izraženo voljo je treba upoštevati, ko nastopi položaj, ki ga predvideva opredelitev in če hkrati ne obstoji utemeljen dvom, da bi pacient voljo v teh okoliščinah preklical.

(4) Vnaprej izražena volja mora biti dokumentirana na obrazcu iz 27. člena tega zakona.

(5) Izbrani osebni zdravnik in zastopnik pacientovih pravic pacienta pred izjavljanjem vnaprej izražene volje natančno poučita o pomenu in posledicah njegove odločitve. Ugotovitev identitete pacienta, ugotovitve glede izpolnjevanja pogojev iz prvega odstavka tega člena,

(2) The statement referred to in the preceding paragraph shall be available to the healthcare service provider through the central register of patients' data as determined by the Act regulating healthcare databases.

### **Article 34 (Respecting advance healthcare directives)**

(1) Patients with decision-making capacity of at least 18 years of age shall have the right to respect for their advance healthcare directive with regard to any medical treatment not allowed if they find themselves unable to provide valid consent, if:

- they suffer from a severe disease that might lead to imminent death, irrespective of medical science achievements and despite appropriate medical procedures or medical treatment, and such treatment offers no hope of healing or health improvement or mitigation of suffering, but only extends survival,
- the medical procedure or medical treatment might prolong life in the event the disease or injury would cause such a serious degree of disability that they would lose all physical or mental capacity to provide for themselves.

(2) The directive referred to in indent one of the preceding paragraph shall be binding for the physician, while the directive referred to in indent two of the preceding paragraph must be taken into consideration as a guideline in decisions on treatment.

(3) An advance healthcare directive must be respected when a situation corresponding to a definition therein arises and if there is no substantiated doubt that the patient would revoke the directive in such circumstances.

(4) An advance healthcare directive must be documented on the form referred to in Article 27 of this Act.

(5) The personal physician and patients' rights advocate shall fully inform the patient of the significance and consequences of his or her decision before an advance healthcare directive is written. The form referred to in Article 27 of this Act shall consist of data on the patient's

osnovna pojasnila ter podpisi pacienta, izbranega osebnega zdravnika in zastopnika pacientovih pravic so sestavni del obrazca iz 27. člena tega zakona.

(6) Pisno izjavo iz prvega odstavka tega člena lahko pacient kadar koli s pisno izjavo spremeni ali prekliče.

(7) Podatek o tem, da je pacient dal izjavo po tem členu, je zdravniku dostopen prek centralnega registra podatkov o pacientih, ki ga določa zakon, ki ureja zbirke podatkov s področja zdravstvenega varstva. Postopek zapisa in izbrisa podatkov, hrambo in postopek seznanitve z izjavo predpiše minister, pristojen za zdravje.

9. Poseben način uveljavljanja pravic pacientov, ki niso sposobni odločanja o sebi

### **35. člen (otroci)**

(1) Kadar otrok ni sposoben privolitve v medicinski poseg oziroma zdravstveno obravnavo, se ta sme opraviti le, če ga dovolijo njegovi starši ali skrbnik oziroma skrbnica (v nadaljnjem besedilu: skrbnik). Enako velja za posebne vrste privolitve iz tretjega odstavka 26. člena tega zakona, če zakon ne določa drugače.

(2) Šteje se, da otrok do 15. leta starosti ni sposoben privolitve, razen če zdravnik glede na otrokovo zrelost oceni, da je za to sposoben, pri čemer se glede okoliščin, ki govorijo o sposobnosti odločanja o sebi, praviloma posvetuje s starši oziroma skrbnikom. Šteje se, da je otrok, ki je dopolnil 15. let starosti, sposoben privolitve, razen če zdravnik glede na otrokovo zrelost oceni, da za to ni sposoben, pri čemer se glede okoliščin, ki govorijo o sposobnosti odločanja o sebi, praviloma posvetuje s starši oziroma skrbnikom.

(3) O privolitvi iz tega člena odločata starša praviloma sporazumno.

identity, information on fulfilling the conditions referred to in paragraph one of this Article, a basic explanation, and the signatures of the patient, personal physician and patients' rights advocate.

(6) The written statement referred to in paragraph one of this Article may be changed or revoked by the patient at any time by a written statement.

(7) Information on the statement given in accordance with this Article shall be available for the physician through the central register of patients' data as determined by the Act regulating healthcare databases. The procedure for data collection, deletion and storage, and information on the statement shall be prescribed by the minister responsible for health.

9. Special method of enforcing the rights of patients without decision-making capacity

### **Article 35 (Children)**

(1) When a child is not able to give consent to a medical procedure or medical treatment, such procedure may only be performed if allowed by the parents or guardian thereof. The same applies for other special types of consent referred to in paragraph three of Article 26 of this Act, unless otherwise determined by an Act.

(2) A child under 15 years of age shall not be deemed to have the ability to consent unless the physician assesses that the child is mature enough to give consent, regarding which parents or guardians are generally consulted as to the circumstances attesting to the child's decision-making capacity. A child of at least 15 years of age shall be deemed to have the ability to consent unless the physician assesses that the child is not mature enough to give consent, regarding which parents or guardians are generally consulted as to the circumstances attesting to the child's decision-making capacity.

(3) The consent referred to in this Article is generally provided by parents by mutual agreement.

(4) Za operativni ali drug medicinski poseg, povezan z večjim tveganjem ali večjo obremenitvijo, oziroma medicinski poseg, ki utegne imeti pomembne posledice za otroka, se zahteva privolitev obeh staršev, razen kadar:

- eden od staršev ni znan ali je neznanega bivališča,
- je enemu od staršev odvzeta roditeljska pravica,
- eden od staršev zaradi začasne zadržanosti mnenja ne more dati pravočasno brez nevarnosti za nastanek resne zdravstvene škode za otroka,
- eden od staršev ne izpolnjuje pogojev, ki se zahtevajo za pacientovo sposobnost odločanja o sebi.

(5) Za privolitev po prejšnjem odstavku se uporabljajo določbe 27. člena tega zakona, ki veljajo za privolitev.

(6) Kadar se starša o operativnem ali drugem medicinskem posegu, povezanem z večjim tveganjem ali večjo obremenitvijo, oziroma medicinskem posegu, ki utegne imeti pomembne posledice za otroka, ne moreta odločiti sporazumno, lahko predlagata, da jima pri tem pomaga ali odloči organ, ki je za to pristojen po predpisih, ki urejajo družinska razmerja.

(7) Za druge medicinske posege oziroma zdravstveno obravnavo, ki ne predstavlja posegov oziroma oskrbe iz prejšnjega odstavka, lahko da privolitev tisti od staršev, ki je takrat, ko se privolitev daje, prisoten. Če sta prisotna oba in ne soglašata, zdravnik pridobi soglasje konzilija v največjo možno korist otroka, če to ni mogoče, pa od drugega zdravnika, ki dotlej ni bil in pozneje ne bo vključen v pacientovo zdravljenje. Odločitev na obrazcu iz 27. člena tega zakona podpišejo eden od staršev, ki soglašata z medicinskim posegom oziroma zdravstveno obravnavo, in člani konzilija oziroma zdravnik, ki je dal soglasje.

(8) Otrok ima pravico, da se kadar o njegovi zdravstveni obravnavi odločajo druge osebe, kolikor je najbolj mogoče upošteva njegovo mnenje, če ga je sposoben izraziti in če razume njegov pomen ter posledice.

(9) Na način, kot je določen v prejšnjih odstavkih, uveljavlja

(4) For surgery or other medical procedures related to an increased risk or strain or any medical procedure likely to cause serious consequences for the child, consent must be given by both parents, except when:

- one of the parents is unknown or their place of residence is unknown,
- one of the parents has been deprived of parental rights,
- one of the parents is temporarily unavailable and thus unable to provide a timely opinion without putting the child at risk of severe health damage,
- one of the parents does not meet all the conditions required for decision-making capacity.

(5) In the provision of consent under the preceding paragraph, the provision of Article 27 of this Act regarding consent shall be applied.

(6) When parents are unable to reach an agreement on surgery or some other medical procedure related to an increased risk or strain or a medical procedure likely to cause serious consequences for the child, they may propose that they be assisted or that the decision is taken by a competent authority responsible for such under legislation regulating family relations.

(7) For medical procedures or medical treatment other than those referred to in the preceding paragraph, consent may be given by the parent who is present at the time of providing consent. If both parents are present and do not agree as to consent, the physician shall obtain consent through a consulting team deciding on the greatest benefit of the child, or, if this is not possible, by another physician who had previously not been and will not be involved in the patient's treatment in the future. The decision shall be provided on the form referred to in Article 27 of this Act and signed by a parent who agrees with the medical procedure or medical treatment and members of the consulting team or physician providing consent.

(8) When other persons decide on a child's medical treatment, the child shall have the right to have his or her opinion respected to the extent possible, if he or she is able to express it and understand its significance and consequences.

(9) In the manner prescribed in the preceding paragraphs,

otrok tudi druge pravice iz 5. člena tega zakona, če ta zakon ne določa drugače.

**36. člen**  
**(omejitev odločanja staršev oziroma skrbnika)**

Nujna medicinska pomoč se lahko opravi tudi, kadar jo starši ali skrbnik zavrnejo.

**37. člen**  
**(pacienti s težavami v duševnem zdravju)**

(1) Kadar pacient zaradi težav v duševnem zdravju ali drugega vzroka, ki vpliva na zmožnost razsojanja, ni sposoben privolitve v medicinski poseg, se ta sme opraviti le, če ga dovoli zakoniti zastopnik.

(2) Če pacient iz prejšnjega odstavka nima zakonitega zastopnika, izvajalec zdravstvene dejavnosti obvesti pristojni organ za začetek postopka za postavitve zakonitega zastopnika.

(3) Če zdravnik ugotovi, da zakoniti zastopnik ne odloča v najboljše zdravstveno korist pacienta, o tem obvesti organ, ki je postavil zakonitega zastopnika, za zagotovitev ustreznega zastopanja.

(4) Dokler pacientu iz prvega odstavka tega člena ni postavljen zakoniti zastopnik, lahko privolitev v medicinski poseg oziroma zdravstveno obravnavo dajo osebe, ki so sposobne odločanja o sebi in so dopolnile 18 let starosti, in sicer v naslednjem izključujočem vrstnem redu:

- pacientov zakonec, zunajzakonski partner ali partner iz istospolne skupnosti,
- pacientovi otroci ali posvojenci,
- pacientovi starši oziroma posvojitelji,
- pacientovi bratje ali sestre,
- pacientovi stari starši,
- pacientovi vnuki.

children shall also exercise other rights referred to in Article 5 of this Act, unless otherwise determined by this Act.

**Article 36**  
**(Limitation of the decision-making of parents and guardians)**

Emergency medical assistance may also be provided when parents or guardians refuse such.

**Article 37**  
**(Patients with mental health issues)**

(1) When a patient is unable to provide consent to a medical procedure due to mental health issues or any other reason affecting his or her judgement, the procedure may only be performed if allowed by the patient's legal representative.

(2) If the patient referred to in the preceding paragraph does not have a legal representative, the healthcare service provider shall notify the competent authority to initiate the procedure for appointing one.

(3) If the physician realises that the legal representative is not adopting decisions to the greatest health benefit of the patient, he or she shall notify the body that appointed the legal representative in order to ensure appropriate representation.

(4) Until a patient referred to in paragraph one of this Article is appointed a legal representative, consent for a medical procedure or medical treatment may be given by persons with decision-making capacity of at least 18 years of age, namely in the following order of relevance:

- the patient's spouse, cohabiting partner or partner in a civil partnership,
- the patient's children or adopted children,
- the patient's parents or adoptive parents,
- the patient's brothers and sisters,
- the patient's grandparents,
- the patient's grandchildren.

(5) Če osebe iz posamezne alineje prejšnjega odstavka ne dosežejo soglasja o izvedbi medicinskega posega oziroma zdravstvene obravnave, odloči o tem zdravnik, ki ga zdravi, pri čemer upošteva podana mnenja in pacientovo največjo zdravstveno korist.

(6) Določbe prejšnjih odstavkov se smiselno uporabljajo tudi za privolitve iz tretjega odstavka 26. člena tega zakona.

(7) Na način, kot je določeno v tem členu, uveljavlja pacient iz prvega odstavka tega člena tudi druge pravice iz 5. člena tega zakona, če zakon ne določa drugače.

(8) Zakoniti zastopnik in druge osebe iz četrtega odstavka tega člena ne morejo zavrniti nujne medicinske pomoči pacientu s težavami v duševnem zdravju.

### **38. člen** **(začasna nesposobnost odločanja o sebi)**

(1) Kadar pacient začasno ni sposoben odločanja o sebi, se uporabljajo določbe prvega, četrtega, petega in šestega odstavka prejšnjega člena.

(2) Na način, kot je določen v tem členu, uveljavlja pacient, ki je začasno nesposoben odločanja o sebi, tudi druge pravice iz 5. člena tega zakona, če zakon ne določa drugače.

(3) Zakoniti zastopnik in druge osebe iz četrtega odstavka prejšnjega člena ne morejo zavrniti nujne medicinske pomoči pacientu, ki začasno ni sposoben odločanja o sebi.

10. Pravica do preprečevanja in lajšanja trpljenja

### **39. člen** **(preprečevanje in lajšanje trpljenja)**

(5) If the persons under individual indents in the preceding paragraph are not able to reach an agreement on the medical procedure or medical treatment, the decision shall be taken by the treating physician, bearing in mind all the opinions expressed and the patient's greatest health benefit.

(6) The provision of the preceding paragraphs shall apply *mutatis mutandis* for the consent referred to in paragraph three of Article 26 of this Act.

(7) In the manner prescribed by this Article, patients referred to in paragraph one of this Article shall also exercise other rights referred to in Article 5 of this Act, unless otherwise determined by an Act.

(8) The legal representative and other persons referred to in paragraph four of this Article cannot refuse emergency medical assistance for patients with mental health issues.

### **Article 38** **(Temporary decision-making incapacity)**

(1) When a patient is temporarily incapable of making decisions, the provisions of paragraphs one, four, five and six of the preceding Article shall apply.

(2) In the manner prescribed by this Article, patients with temporary decision-making incapacity shall also exercise other rights referred to in Article 5 of this Act, unless otherwise determined by an Act.

(3) Legal representative and other persons referred to in paragraph four of the preceding Article cannot refuse emergency medical assistance for patients who are temporarily incapable of making decisions.

10. Right to the prevention and alleviation of suffering

### **Article 39** **(Prevention and alleviation of suffering)**

(1) Pacient ima pravico, da se brez odlašanja ukrene vse potrebno za odpravo ali največjo možno ublažitev bolečin in drugega trpljenja, povezanega z njegovo boleznijo.

(2) Pacient ima pravico, da se pri njegovi zdravstveni obravnavi po strokovnih standardih preprečijo nepotrebne bolečine in drugo trpljenje, povezano z medicinskim posegom.

(3) Pacient v končni fazi bolezni in pacient z neozdravljivo boleznijo, ki povzroča hudo trpljenje, ima pravico do paliativne obravnave.

#### 11. Pravica do drugega mnenja

### **40. člen (pravica do drugega mnenja)**

(1) Drugo mnenje lahko na zahtevo pacienta poda zdravnik na vseh ravneh zdravstvene dejavnosti.

(2) Drugo mnenje poda zdravnik, ki ima po pridobitvi licence najmanj pet let delovnih izkušenj s področja, za katero se zahteva drugo mnenje.

(3) Zahteva za pridobitev drugega mnenja za pacienta ne sme imeti negativnih posledic pri nadaljnji zdravstveni obravnavi pri lečečem zdravniku. Ne glede na vsebino drugega mnenja ohranja lečeči zdravnik neodvisnost in odgovornost pri sprejemanju strokovnih odločitev.

(4) Zdravnik poda drugo mnenje na podlagi predložene zdravstvene dokumentacije, lahko pa opravi tudi pregled pacienta ali opravi oziroma predlaga dodatne zdravstvene storitve.

(5) Zdravstveno dokumentacijo, ki je podlaga za drugo mnenje, lahko zdravniku, ki bo podal drugo mnenje, posreduje na zahtevo pacienta lečeči zdravnik ali pacient sam.

(6) Uveljavljanje pravice do drugega mnenja v mreži javne

(1) Patients shall have the right to any measure required to stop or relieve pain or suffering related to their illness to the highest extent possible and without delay.

(2) During medical treatment in accordance with professional standards, patients shall have the right to have any unnecessary pain or suffering related to a medical procedure prevented.

(3) Patients in the terminal stage of an illness or with an incurable disease causing intense suffering shall have the right to palliative care.

#### 11. Right to a second opinion

### **Article 40 (Right to a second opinion)**

(1) At the request of the patient, a second opinion may be provided by a physician at all levels of healthcare services.

(2) A second opinion shall be provided by a physician with at least five years of experience after obtaining a licence in the field in which a second opinion is requested.

(3) The request to obtain a second opinion shall not have any negative effect on the patient's further medical treatment by the treating physician. Regardless of the content of the second opinion, the treating physician shall maintain independence and responsibility for taking expert decisions.

(4) A physician shall provide a second opinion on the basis of the forwarded medical records, but may also examine the patient or conduct or propose additional healthcare services.

(5) The medical records that are the basis for a second opinion may be forwarded to the physician providing a second opinion by the treating physician, at the request of the patient, or by the patient.

(6) Exercise of the right to a second opinion in the public

zdravstvene službe določa zakon, ki ureja zdravstveno varstvo in zdravstveno zavarovanje.

## 12. Pravica do seznanitve z zdravstveno dokumentacijo

### **41. člen (način seznanitve z zdravstveno dokumentacijo)**

(1) Pacient ima ob prisotnosti zdravnika ali drugega zdravstvenega delavca oziroma zdravstvenega sodelavca pravico do neoviranega vpogleda in prepisa zdravstvene dokumentacije, ki se nanaša nanj. Fotokopiranje ali drugo reprodukcijo zdravstvene dokumentacije mora zagotoviti izvajalec zdravstvene dejavnosti. Verodostojno reprodukcijo slikovne dokumentacije, ki se ne hrani v elektronski obliki, je izvajalec zdravstvene dejavnosti dolžan zagotoviti, če razpolaga s tehničnimi sredstvi, ki to omogočajo.

(2) Pacientu oziroma njegovemu pooblaščenцу ali drugi osebi, ki ima pravico do seznanitve, se omogoči seznanitev pod pogojem, da je zagotovljena njihova identifikacija in izkazana pravna podlaga.

(3) Izvajalec zdravstvene dejavnosti mora pravico iz prvega odstavka tega člena pacientu omogočiti takoj ali najpozneje pet delovnih dni po prejemu zahteve. Pacient lahko pri istem izvajalcu zdravstvene dejavnosti vloži zahtevo največ dvakrat mesečno.

(4) Izvajalec zdravstvene dejavnosti lahko za izvajanje pravic iz prvega odstavka tega člena zaračuna materialne stroške preslikave oziroma druge reprodukcije in posredovanja v skladu s predpisi s področja varstva osebnih podatkov.

(5) Poleg pravic iz prejšnjih odstavkov tega člena ima pacient pravico zahtevati:

- da se dodajo njegove pripombe k zapisom v zdravstveni dokumentaciji,
- osnovna ustna pojasnila o vsebini zdravstvene dokumentacije, razen kadar pacient prejme izčrpna pojasnila na podlagi 20. člena tega zakona,

healthcare network shall be determined in the Act regulating healthcare and health insurance.

## 12. Right to access personal medical records

### **Article 41 (Method of accessing personal medical records)**

(1) Patients shall have the right to unrestricted access to their medical records in the presence of a physician or other healthcare or allied professional and a transcript thereof. Photocopies or any other form of reproduction of medical records must be provided by the healthcare service provider. Healthcare service providers shall be obliged to provide an accurate reproduction of images that are not stored electronically if appropriate technical means are available therefor.

(2) The patient, a healthcare proxy or another person with the right to information shall be allowed access to information provided they identify themselves and present an adequate legal basis.

(3) The healthcare service provider must ensure exercise of the patient's right referred to in paragraph one of this Article immediately or within five working days of receipt of a request at the latest. A patient may only submit up to two requests per month with the same healthcare service provider.

(4) For the exercise of the rights referred to in paragraph one of this Article, the healthcare service provider may charge for the material costs of photocopies or other form of reproduction and transfer according to the regulations in the field of personal data protection.

(5) In addition to the rights referred to in the preceding paragraphs of this Article, patients shall have the right to require:

- that their comments be added to entries in the medical records,
- a basic oral explanation regarding the content of their medical records, except when they receive a thorough explanation on the basis of Article 20 of this Act,



- izčrpna ustna pojasnila o vsebini zdravstvene dokumentacije, če glede posameznih delov dokumentacije ni prejel pojasnil na podlagi 20. člena tega zakona.

Izvajalec zdravstvene dejavnosti mu mora omogočiti uresničitev pravice iz prve in druge alineje tega odstavka v roku iz tretjega odstavka tega člena, uresničitev pravice iz tretje alineje tega odstavka pa v 15 dneh od prejema zahteve.

(6) Osebe, ki so po zakonu ali po pooblastilu pacienta upravičene do odločanja o pacientovi zdravstveni obravnavi, imajo pravico do seznanitve s pacientovo zdravstveno dokumentacijo pod pogoji in na način, določen v prejšnjih odstavkih tega člena, le kadar imajo pravico odločanja o konkretni zdravstveni obravnavi pacienta in v obsegu, ki je potreben za odločanje.

(7) Za uresničevanje pravice po tem členu lahko pacient, ki je sposoben odločanja o sebi, pisno pooblasti katero koli osebo, ki izpolnjuje pogoje iz drugega odstavka 32. člena tega zakona.

(8) Pri uresničevanju pravice po tem členu je treba upoštevati tudi določbe prvega odstavka 22. člena tega zakona.

(9) Pacient ima na podlagi smiselne uporabne določb prejšnjih odstavkov tega člena pravico do samostojnega dostopa do svojega elektronskega zdravstvenega zapisa in podatkov v informacijskem sistemu kartice zdravstvenega zavarovanja, če zdravstveni sistem to omogoča.

(10) Pacient in druge upravičene osebe imajo ob kršitvi določbe tega člena pravico vložiti pritožbo pri Informacijskem pooblaščenca. Za postopek pred Informacijskim pooblaščenca se poleg določb zakona, ki ureja splošni upravni postopek, smiselno uporabljajo tudi določbe 10., 11. in 12. člena Zakona o Informacijskem pooblaščenca (Uradni list RS, št. 113/05 in 51/07 – ZUstS-A). Izvajalec zdravstvene dejavnosti se v tem postopku šteje kot prvostopenjski organ. Določbe tega odstavka se uporabljajo tudi za postopek po petem odstavku 42. člena in sedmem odstavku 45. člena tega zakona.

- an exhaustive oral explanation regarding the content of medical records, if specific parts of the documentation were not explained in accordance with Article 20 of this Act.

Healthcare service providers must enable the exercise of the rights under indent one and two of this paragraph within the deadline referred to in paragraph three of this Article, and the exercise of the right referred to in indent three of this paragraph within 15 days of receipt of a request.

(6) Persons entitled to make decisions on a patient's medical treatment in accordance with an Act or the patient's authorisation shall have the right to access the patient's medical records under the conditions and in the manner defined in the preceding paragraphs of this Article, but only when they have the right to decide on a specific medical treatment and in the scope necessary to take a decision.

(7) For the exercise of rights under this Article, a patient with decision-making capacity may authorise in writing any person that meets the conditions prescribed in paragraph two of Article 32 of this Act.

(8) For the exercise of rights under this Article, the provisions of paragraph one of Article 22 of this Act shall apply.

(9) On the basis of *mutatis mutandis* application of the provisions of the preceding paragraphs of this Article, patients shall have the right to independently access their electronic medical records and data collected in the health insurance card information system if enabled by the healthcare system.

(10) In the event of violations of the provisions of this Article, the patient and other authorised persons shall have the right to file a complaint with the Information Commissioner. The procedure before the Information Commissioner shall be regulated by the provisions of the Act regulating the administrative procedure and *mutatis mutandis* application of the provisions of Articles 10, 11 and 12 of the Information Commissioner Act (Official Gazette of the Republic of Slovenia [*Uradni list RS*], Nos. 113/05 and 51/07 – ZUstS-A). For this procedure, the healthcare service provider shall be considered the first instance body. The provisions of this paragraph shall also apply for the procedures under paragraph five of Article 42 and paragraph seven of Article 45 of this Act.

#### **42. člen**

##### **(seznanitev z zdravstveno dokumentacijo po pacientovi smrti)**

(1) Po pacientovi smrti imajo pravico do seznanitve z njegovo zdravstveno dokumentacijo osebe, ki so za obdelavo podatkov pooblašene z zakonom, in osebe, za katere je pacient predhodno dal izrecno privolitev v pisni obliki.

(2) Po pacientovi smrti imajo pravico do seznanitve z njegovo zdravstveno dokumentacijo pacientov zakonec, zunajzakonski partner, partner iz istospolne skupnosti, otroci in posvojenci, kadar teh oseb ni, pa pacientovi starši. Osebam iz prejšnjega stavka se omogoči le dostop do tistih podatkov, ki so potrebni za doseg zakonitega namena seznanitve. Osebe iz prvega stavka, ki se želijo seznaniti z zdravstveno dokumentacijo, ki je nastala v času, ko umrli pacient ni bil sposoben odločanja o sebi in se je to stanje brez prekinitev nadaljevalo do njegove smrti, morajo za seznanitev izkazati pravni interes. Z zdravstveno dokumentacijo umrlega pacienta se lahko seznanijo tudi druge osebe, ki za to izkažejo pravni interes z ustrežno listino, pri čemer se jim omogoči le dostop do tistih podatkov, ki so potrebni za uveljavljanje njihovega pravnega interesa.

(3) Zahteva za seznanitev oseb iz prejšnjega odstavka se delno ali v celoti zavrne, če tako določa zakon ali če je pacient seznanitev pred smrtjo pisno ali ustno v navzočnosti dveh prič izrecno prepovedal.

(4) Ne glede na izrecno prepoved umrlega pacienta imajo pravico do seznanitve z zdravstveno dokumentacijo v delu, ki se nanaša na razloge, ki utegnejo bistveno vplivati na njihovo zdravje, pacientovi starši, pacientovi potomci do katerega koli kolena, pacientov zakonec, zunajzakonski partner ali partner iz istospolne skupnosti, bratje in sestre ali druge osebe, ki so bile z umrlim pacientom v posebnem razmerju in to z gotovostjo izkažejo. Seznanitev se izvede prek pacientovega izbranega osebnega zdravnika ali zdravnika, ki je bil kako drugače udeležen v postopku zdravljenja, če tega ni, pa zdravnika določi izvajalec zdravstvene dejavnosti, ki razpolaga s pacientovo zdravstveno dokumentacijo.

#### **Article 42**

##### **(Access to medical records after a patient's death)**

(1) After a patient's death, the right to access the patient's medical records shall be granted to persons authorised to process information by an Act and to persons whom the patient explicitly provided prior consent in written form.

(2) After a patient's death, the right to access the patient's medical records shall be granted to the patient's spouse, cohabiting partner, civil partner, children and adopted children, or, where there are none, the patient's parents. The persons referred to in the preceding sentence may only be granted access to data necessary to fulfil the legal purpose of the information. Persons referred to in paragraph one who wish to access the medical records created during a period when the patient lacked decision-making capacity and this continued without interference until the patient's death must demonstrate a legal interest for access. Access to the medical records of a deceased patient may also be provided to other persons demonstrating a legal interest as attested to by an appropriate document, but they shall only be granted access to the information required for exercise of their legal interest.

(3) The request for access by the persons referred to in the preceding paragraph shall be denied partially or totally if this is determined by an Act or if the patient explicitly prohibited this in writing or orally in the presence of two witnesses.

(4) Regardless of explicit prohibition by a deceased patient, the right to access the medical records in sections related to reasons that might fundamentally affect their health shall be granted to the patient's parents or offspring of any generation, the patient's spouse, cohabiting partner or civil partner, brothers, sisters and other persons who had a particular relationship with the deceased patient and can prove it with certainty. The information shall be provided by the patient's personal doctor or a doctor involved in any way in the treatment, or, where this does not apply, a doctor appointed by the healthcare service provider who is in possession of the patient's medical records.

(5) O zahtevi za seznanitev odloči izvajalec zdravstvene dejavnosti v 15 dneh od prejema obrazložene zahteve. Če je zahteva delno ali v celoti zavrnjena, imajo osebe iz prvega, drugega in četrtega odstavka tega člena pravico vložiti pritožbo pri Informacijskem pooblaščenca.

(6) Pacient ima pravico določiti osebe, ki se po njegovi smrti lahko seznanijo z njegovo zdravstveno dokumentacijo, in osebe, katerim seznanitev z njegovo zdravstveno dokumentacijo prepoveduje. Pravica iz tega odstavka se uresničuje na način in pod pogoji, ki jih določa 45. člen tega zakona. Prepoved oziroma določitev oseb se lahko evidentira tudi v centralnem registru podatkov o pacientih, ki ga določa zakon, ki ureja zbirke podatkov s področja zdravstvenega varstva.

### 13. Pravica do varstva zasebnosti in varstva osebnih podatkov

#### **43. člen (zasebnost pri opravljanju zdravstvene storitve)**

(1) Izvajalci zdravstvene dejavnosti morajo pri vsakokratni zdravstveni obravnavi spoštovati pacientovo zasebnost, zlasti njegova moralna, kulturna, verska, filozofska in druga osebna prepričanja, ob upoštevanju medicinske doktrine.

(2) Pacientu se omogoči, da so pri medicinskem posegu oziroma zdravstveni obravnavi navzoči le:

- zdravstveni delavci oziroma zdravstveni sodelavci, ki opravljajo medicinski poseg oziroma zdravstveno obravnavo,
- osebe, za katere želi, da so navzoče, če je to glede na naravo medicinskega posega oziroma zdravstvene obravnave izvedljivo,
- osebe, ki imajo v konkretnem primeru pravico do privolitve v medicinski poseg oziroma zdravstveno obravnavo, če pacient ni sposoben odločanja o sebi in če je to glede na naravo medicinskega posega oziroma zdravstvene obravnave izvedljivo,
- druge osebe, če tako določa zakon.

(3) Osebe, katerih navzočnost je potrebna za potrebe zdravstvenega izobraževanja, so lahko navzoče le s predhodno

(5) The decision on a request for access shall be taken by the healthcare service provider within 15 days of receiving a justified request. If the request is refused partially or in full, the persons referred to in the first, second and fourth paragraphs of this Article shall have the right to file a complaint with the Information Commissioner.

(6) The patient shall have the right to decide which persons are allowed to access their medical records after his or her death, and which persons are denied access to his or her medical records. The right referred to in this paragraph shall be exercised in the manner and under the conditions provided by Article 45 of this Act. The prohibition or determination of persons allowed access may also be entered in the central medical records register.

### 13. Right to privacy protection and personal data protection

#### **Article 43 (Privacy during healthcare services)**

(1) During every medical treatment, healthcare service providers are bound to respect the patient's privacy, in particular their moral, cultural, religious, philosophical and other personal beliefs, taking into account medical doctrine.

(2) Patients shall be ensured that only the following are present at a medical procedure or medical treatment:

- the healthcare or allied professionals performing the medical procedure or medical treatment,
- persons the patient wishes to be present, if this is possible with respect to the nature of the medical procedure or medical treatment,
- persons who have the right to consent to a medical procedure or medical treatment in the particular case, if the patient lacks decision-making capacity and if this is possible with respect to the nature of the medical procedure or medical treatment,
- other persons, if so determined by an Act.

(3) Persons whose presence is required for the purpose of health education shall only be present with the prior consent of the

privolitvijo pacienta. Privolitev lahko dajo tudi osebe, ki imajo v konkretnem primeru pravico do privolitve v medicinski poseg oziroma zdravstveno obravnavo, če pacient ni sposoben odločanja o sebi.

(4) Določitev oseb iz druge alineje drugega odstavka tega člena in privolitev iz prejšnjega odstavka mora biti dana v obliki, ki se zahteva za privolitev v konkreten medicinski poseg oziroma zdravstveno obravnavo.

(5) Pacient ima pravico zahtevati izvedbo drugih primernih in razumnih ukrepov za varstvo njegove zasebnosti pri zdravstveni obravnavi.

#### **44. člen (varstvo osebnih podatkov)**

(1) Pacient ima pravico do zaupnosti osebnih podatkov, vključno s podatki o obisku pri zdravniku in drugih podrobnostih o svojem zdravljenju.

(2) S pacientovimi zdravstvenimi in drugimi osebnimi podatki morajo zdravstveni delavci in zdravstveni sodelavci ravnati v skladu z načelom zaupnosti in predpisi, ki urejajo varstvo osebnih podatkov.

(3) Uporaba in druga obdelava pacientovih zdravstvenih in drugih osebnih podatkov je za potrebe zdravljenja dopustna tudi na podlagi pacientove privolitve ali privolitve oseb, ki imajo pravico do privolitve v medicinski poseg ali zdravstveno obravnavo, če pacient ni sposoben odločanja o sebi.

(4) Uporaba in druga obdelava pacientovih zdravstvenih in drugih osebnih podatkov izven postopkov zdravstvene obravnave je dovoljena le z njegovo privolitvijo ali privolitvijo oseb, ki imajo pravico do privolitve v medicinski poseg ali zdravstveno obravnavo, če pacient ni sposoben odločanja o sebi. Po pacientovi smrti lahko dajo privolitev njegovi ožji družinski člani, razen če je pacient to pisno prepovedal.

(5) Ne glede na določbo prejšnjega odstavka lahko uporabo pacientovih zdravstvenih in drugih osebnih podatkov izven postopkov

patient. Such consent may also be provided by persons who have the right to consent to a medical procedure or medical treatment in the particular case if the patient lacks decision-making capacity.

(4) The appointment of the persons referred to in indent two of paragraph two of this Article and the consent referred to in the preceding paragraph must be provided in the form required for consent regarding the particular medical procedure or medical treatment.

(5) Patients shall have the right to request that any other suitable and reasonable measures be taken to protect their privacy in medical treatment.

#### **Article 44 (Personal data protection)**

(1) Patients shall have the right to confidentiality regarding their personal data, including data on medical appointments and other details on medical treatment.

(2) Healthcare and allied professionals shall process the patient's health and other personal data in accordance with the principle of confidentiality and regulations on personal data protection.

(3) The use and processing of patient's health and other personal data for the purpose of treatment may also be permitted on the basis of the patient's consent or the consent of persons with the right to give consent to a medical procedure or medical treatment, if the patient lacks decision-making capacity.

(4) The use and processing of patient's health and other personal data for purposes other than medical treatment may be permitted solely on the basis of the patient's consent or the consent of persons with the right to give consent to a medical procedure or medical treatment if the patient lacks decision-making capacity. After the patient's death, consent may only be given by the patient's immediate family members, unless the patient prohibited this in writing.

(5) Regardless of the provision of the preceding paragraph, the use of patient's health and other personal data for purposes other than

zdravstvene obravnave določa zakon.

(6) Privolitev za uporabo in drugo obdelavo osebnih podatkov po tretjem in četrtem odstavku tega člena ni potrebna:

- če za namene epidemioloških in drugih raziskav, izobraževanja, medicinskih objav ali druge namene pacientova istovetnost ni ugotovljiva,
- če za namene spremljanja kakovosti in varnosti zdravstvene obravnave pacientova istovetnost ni ugotovljiva,
- kadar prijavo zdravstvenega stanja zahteva zakon,
- kadar se zaradi potreb zdravljenja podatki posredujejo drugemu izvajalcu zdravstvene dejavnosti,
- kadar to določa drug zakon.

(7) Osebni podatki, ki se obdelujejo v skladu s tretjim, četrtem in petim odstavkom tega člena, morajo biti ustrezni in po obsegu primerni glede na namene, za katere se zbirajo in nadalje obdelujejo.

(8) Pacient ima pravico določiti osebe, ki se lahko seznanijo z njegovo zdravstveno dokumentacijo, in osebe, katerim seznanitev z njegovo zdravstveno dokumentacijo prepoveduje, če to ni v nasprotju z zakonom. Pravica iz tega odstavka se uresničuje na način in pod pogoji, ki jih določa 45. člen tega zakona.

#### **45. člen (varovanje poklicne skrivnosti)**

(1) Zdravstveni delavci in zdravstveni sodelavci ter osebe, ki so jim zaradi narave njihovega dela podatki dosegljivi, so dolžni kot poklicno skrivnost varovati vse, kar pri opravljanju svojega poklica ali dela zvedo o pacientu, zlasti informacije o njegovem zdravstvenem stanju, njegovih osebnih, družinskih in socialnih razmerah ter informacije v zvezi z ugotavljanjem, zdravljenjem in spremljanjem bolezni ali poškodb (v nadaljnjem besedilu: informacije o zdravstvenem stanju).

(2) Dolžnosti varovanja informacij o zdravstvenem stanju pacienta lahko zdravstvenega delavca oziroma zdravstvenega sodelavca ali drugo osebo, ki so ji ti podatki dosegljivi zaradi narave njihovega dela,

medical treatment may be regulated by an Act.

(6) For the use and other processing of personal data under the third and fourth paragraphs of this Article, consent shall not be required:

- if for the purposes of epidemiological and other research, education, medical publications or other purposes the patient's identity cannot be established,
- if for the purposes of quality control and medical treatment safety the patient's identity cannot be established,
- when the registration of a health condition is required by an Act,
- when, for the purpose of treatment, data is forwarded to another healthcare service provider,
- when this is regulated by an Act.

(7) Personal data processed in accordance with paragraphs three, four and five of this Article must be appropriate and relevant in scope for the purpose of collection and further processing.

(8) Patients shall have the right to decide which persons are allowed to access their medical records, and which persons are denied such access, as long as the latter does not conflict with an Act. The right referred to in this paragraph shall be exercised in the manner and under the conditions provided by Article 45 of this Act.

#### **Article 45 (Protection of professional secrecy)**

(1) Healthcare and allied professionals or persons who have access to data due to the nature of their work shall be bound to protect as a professional secret all information on patients they become acquainted with during the exercise of their profession or work, in particular, information on patients' health condition, personal, family or social situation and information regarding the determination, treatment and monitoring of a disease or injury (hereinafter: information on a patient's health condition).

(2) Healthcare and allied professionals or persons who have access to such data due to the nature of their work may be relieved of the duty to protect information on a patient's health condition by:

razreši:

- pacient,
- starši oziroma skrbnik za otroka pred dopolnjenim 15. letom starosti,
- starši oziroma skrbnik za otroka po dopolnjenem 15. letu starosti, če so informacije potrebne za izvrševanje roditeljske pravice oziroma skrbništva, otrok pa sporočanja ni prepovedal,
- oseba, ki je imela pravico do privolitve v medicinski poseg oziroma zdravstveno obravnavo, če pacient ni bil sposoben odločanja o sebi, vendar samo glede informacij o zdravstvenem stanju, ki so vezane na medicinski poseg oziroma zdravstveno obravnavo, v katero je privolila,
- sodišče,
- druge osebe, kadar tako določa zakon.

(3) Zdravnik lahko sporoči informacije o zdravstvenem stanju pacienta, če je to nujno potrebno za varovanje življenja ali preprečitev hudega poslabšanja zdravja drugih oseb. Zdravnik mora naznaniti sum storitve kaznivega dejanja zoper življenje in telo, kaznivega dejanja zoper spolno nedotakljivost ter kaznivega dejanja zoper zakonsko zvezo, družino in mladino, pri katerih je bil kot oškodovanec udeležen otrok.

(4) Pacient ima z dopolnjenim 15. letom starosti pravico pisno na obrazcu iz 27. člena tega zakona ali ustno ob navzočnosti dveh polnoletnih prič določiti, komu, kdaj in katere informacije o njegovem zdravstvenem stanju sme, mora ali ne sme zdravnik ali druga oseba, ki jo zdravnik pooblasti, sporočiti, razen če zakon določa drugače. Enako velja za sporočanje informacij o zdravstvenem stanju, ki se nanašajo na medicinski poseg oziroma zdravstveno obravnavo, v katero je pacient do 15. leta starosti lahko samostojno privolil. Izjava se lahko da za posamezen medicinski poseg oziroma zdravstveno obravnavo ali za vse bodoče medicinske posege oziroma bodočo zdravstveno obravnavo pri posameznem izvajalcu zdravstvene dejavnosti.

(5) Če pacient ne izkoristi pravice po prejšnjem odstavku ali tega zaradi svojega zdravstvenega stanja ne more storiti, se informacije o njegovem zdravstvenem stanju lahko sporočijo osebam iz drugega odstavka tega člena, njegovim ožjim družinskim članom, bližnjim osebam ter osebam, ki so bile v zvezi s konkretnim medicinskim posegom oziroma zdravstveno obravnavo upravičene dati privolitve, če pacient ni bil sposoben odločanja o sebi.

- the patient him- or herself,
- the parents or guardians of a child patient under 15 years of age,
- the parents or guardians of a child patient of at least 15 years of age, if the information is required for the exercise of parental rights or custody, and the child has not prohibited such communication,
- a person who has the right to give consent to a medical procedure or medical treatment, if the patient lacked decision-making capacity, but only regarding information on a health condition related to the medical procedure or medical treatment he or she provided consent to,
- the court,
- other persons, if so determined by an Act.

(3) A physician may communicate information on the health condition of a patient if this is vital to protect lives or prevent the health deterioration of other persons. The physician must report any suspicion of crimes against life and limb, sexual crimes or crimes against marriage, family and youth in which a child was injured.

(4) A patient older than 15 years of age shall have to right to decide, using the form referred to in Article 27 of this Act or orally in the presence of two adult witnesses, to whom, when and which information on his or her health condition may, must or must not be communicated by a physician or person appointed by a physician, unless otherwise determined by an Act. The same shall apply to the communication of information on a patient's health condition referring to a medical procedure or medical treatment to which a patient under 15 years of age was able to give consent independently. A statement may be given for each medical procedure or medical treatment separately or together for all future medical procedures or medical treatment with an individual healthcare service provider.

(5) If a patient does not exercise the right under the preceding paragraph or is unable to do so due to his or her health condition, information on his or her health condition may be communicated to the persons referred to in paragraph two of this Article, the patient's immediate family members and persons authorised to give consent to the particular medical procedure or medical treatment if the patient lacks decision-making capacity.

(6) V primeru iz 22. člena tega zakona osebe iz prejšnjih odstavkov tega člena nimajo pravice pridobiti več informacij, kot bi jih pridobil pacient, razen če je pacient določil drugače.

(7) O zahtevi za seznanitev na podlagi drugega in petega odstavka tega člena odloči izvajalec zdravstvene dejavnosti v petih dneh od prejema zahteve. Če se zahteva delno ali v celoti zavrne, imajo upravičene osebe pravico vložiti pritožbo pri Informacijskem pooblaščenca, če gre za informacije, ki izvirajo iz zdravstvene dokumentacije.

(8) Drugi, tretji, četrti, peti in sedmi odstavek tega člena se uporabljajo tudi za posredovanje zdravstvene dokumentacije.

(9) Izvajalec zdravstvene dejavnosti ob smrti pacienta ne glede na njegovo prepoved sporočanja informacij o zdravstvenem stanju na primeren način obvesti ožje družinske člane o njegovi smrti in njenem vzroku. Če izvajalec zdravstvene dejavnosti za te osebe ne ve, o smrti pacienta obvesti pristojni organ.

#### **46. člen (nedovoljena obdelava osebnih podatkov)**

Izvajalci zdravstvene dejavnosti morajo vsak ugotovljen ali sporočen primer nedovoljenega sporočanja ali druge nedovoljene obdelave osebnih podatkov o pacientu, ne glede na voljo pacienta, posebej raziskati in ugotoviti morebitno odgovornost zdravstvenih delavcev, zdravstvenih sodelavcev ali drugih oseb ter primer pisno dokumentirati. O tem morajo obvestiti pacienta, pristojnega zastopnika pacientovih pravic in Informacijskega pooblaščenca.

14. Pravica do obravnave kršitev pacientovih pravic

#### **47. člen**

(6) In the case referred to in Article 22 of this Act, the persons referred to in the preceding paragraph shall not have the right to obtain more information than the patient would obtain, unless the patient decides otherwise.

(7) A decision on a request for access pursuant to paragraphs two and five of this Article shall be made by the healthcare service provider within five days of receipt of the request. If the request is refused partially or in full, authorised persons shall have the right to file a complaint with the Information Commission if the information stems from medical records.

(8) Paragraphs two, three, four, five and seven of this Article shall also apply to the transfer of medical records.

(9) Upon a patient's death, the healthcare service provider shall, in an appropriate manner, inform close family members of the patient's death and its cause regardless of the patient prohibiting the communication of information on the patient's health condition. If the healthcare service provider is unaware of such persons, information on the patient's death shall be communicated to the competent authority.

#### **Article 46 (Unauthorised processing of personal data)**

Healthcare service providers must examine any established case of unauthorised communication or any other unauthorised processing of a patient's personal data, or an instance thereof they have been informed of, regardless of the patient's will, in order to establish any liability of healthcare and allied professionals or other persons, and register such cases in writing. Information on such cases must be provided to the patient, the competent patients' rights advocate and the Information Commissioner.

14. Right to procedures to address violations of patients' rights

#### **Article 47**

### **(vrste postopkov za varstvo pacientovih pravic)**

(1) Pacient, ki meni, da so mu bile kršene pravice, določene s tem zakonom, ima pravico do obravnave kršitev v naslednjih postopkih, ki jih ureja ta zakon:

- prva obravnava kršitve pacientovih pravic pred pristojno osebo izvajalca zdravstvene dejavnosti na podlagi pacientove pisne ali ustne zahteve (v nadaljnjem besedilu: postopek z zahtevo za prvo obravnavo kršitve),
- druga obravnava kršitve pacientovih pravic v postopku pred Komisijo Republike Slovenije za varstvo pacientovih pravic na podlagi pacientove pisne ali ustne zahteve (v nadaljnjem besedilu: postopek z zahtevo za drugo obravnavo kršitve).

(2) Določbe tega zakona, ki urejajo postopke za varstvo pacientovih pravic, ne posegajo v predpise, ki urejajo nadzor za zagotovitev strokovnosti dela zdravstvenih delavcev in zdravstvenih sodelavcev ter izvajalcev zdravstvene dejavnosti.

(3) Za kršitve pravic iz zdravstvenega zavarovanja se uporabljajo določbe predpisov s področja zdravstvenega zavarovanja.

### **48. člen (splošna postopkovna načela)**

(1) Postopki za varstvo pacientovih pravic morajo zagotavljati:

- obveščenost in podporo pacientu,
- preprosto, pregledno, hitro in učinkovito reševanje,
- brezplačno svetovanje in pomoč zastopnika pacientovih pravic,
- nepristranskost in poštenost obravnave,
- ustrezno sprotno dokumentiranje postopkovnih dejanj udeležencev,
- reševanje in končanje postopka tam, kjer je nastal povod zanj,
- praviloma ustno obravnavanje,
- izključitev javnosti,
- možnosti za mirno reševanje sporov.

### **(Types of procedures for patients' rights protection)**

(1) If a patient believes that his or her rights regulated by this Act have been violated, he or she shall have the right to have the violation examined in the following procedures regulated by this Act:

- the first examination of a patients' rights violation before the responsible person of the healthcare service provider on the basis of the patient's written or oral request (hereinafter: procedure following a request for the first examination of a violation),
- the second examination of a patients' rights violation in a procedure before the Commission of the Republic of Slovenia for Patients' Rights Protection on the basis of the patient's written or oral request (hereinafter: procedure following a request for a second examination of a violation).

(2) The provisions of this Act regulating procedures for the protection of patients' rights shall not infringe upon the regulation of quality control in order to ensure a high level of professionalism in healthcare and allied professionals and healthcare service providers.

(3) For violations of rights under health insurance, the provisions of the regulation on health insurance shall apply.

### **Article 48 (General procedural principles)**

(1) Procedures for the protection of patients' rights must ensure:

- the provision of information and support to patients,
- simple, transparent, fast and efficient resolution,
- the provision of free advice and assistance by the patients' rights advocate,
- unbiased and fair treatment,
- an appropriate continuous record of all procedural acts by the parties involved,
- the resolution and termination of procedures where they began,
- as a general rule, oral hearings,
- the exclusion of the public,
- the possibility of peaceful dispute resolution.



(2) Glede vprašanja procesne sposobnosti v postopkih za varstvo pacientovih pravic se za paciente, ki niso sposobni odločanja o sebi, smiselno uporabljajo določbe tega zakona, ki urejajo poseben način uveljavljanja pravic pacientov, ki so nesposobni odločanja o sebi. Kadar o uvedbi postopkov odločajo otrokovi starši, sporazumna odločitev ni potrebna.

(3) Uvedbo postopkov lahko zahtevajo tudi ožji družinski člani ali bližnje osebe, če pacient s tem soglaša. Po pacientovi smrti lahko uvedbo postopkov zahtevajo pacientovi ožji družinski člani.

(4) Pacienti iz drugega odstavka tega člena imajo pravico, da se v postopkih obravnave kršitve njihovih pravic v največji možni meri zagotovi njihovo sodelovanje in upošteva njihovo mnenje, če so ga sposobni izraziti in če razumejo njegov pomen ter posledice.

(5) Uveljavljanje kršitev pacientovih pravic po tem zakonu ni pogoj za uresničevanje pravice do morebitnega sodnega varstva.

(6) Kadar pacient med zdravstveno obravnavo utрпи hudo telesno poškodbo ali smrt in je zaradi tega začel sodni postopek, sodišče zadevo obravnava prednostno. V primeru kazenskega postopka, ki se nanaša na zadevo iz prejšnjega stavka, organi, ki sodelujejo v predkazenskem oziroma kazenskem postopku, postopajo posebej hitro.

(7) Ministrstvo, pristojno za zdravje, z namenom ugotavljanja, preprečevanja in odpravljanja morebitnih strokovnih napak ali sistemskih pomanjkljivosti ter spremljanja sodnih postopkov, ki so pričeti zaradi smrti ali hude telesne poškodbe, ki jo pacient utрпи med zdravstveno obravnavo, od izvajalca zdravstvene dejavnosti oziroma drugih sodelujočih v sodnem postopku pridobi podatke in vodi evidenco, ki vsebuje naslednje podatke:

- naziv izvajalca zdravstvene dejavnosti, zoper katerega je pričet postopek,
- osebno ime vlagatelja, ki je pričet postopek,
- datum začetka postopka,
- razlog za uvedbo postopka (pravna podlaga) in očitane kršitve,

(2) With regard to the question of procedural capacity in procedures for ensuring patients' rights protection, the provisions of this Act regulating the special manner of exercising the rights of patients without decision-making capacity shall apply for patients who are unable to make decisions regarding themselves. When the decision to initiate a procedure is made by the parents of a child patient the decision does not need to be consensual.

(3) The initiation of a procedure may also be requested by immediate family members or close persons if the patient is in agreement therewith. After a patient's death, the initiation of a procedure may be requested by immediate family members.

(4) In procedures on violations of patients' rights, the patients referred to in paragraph two of this Article shall have the right to participate to the highest extent possible in the procedures and to have their opinion taken into consideration if they are capable of expressing it and they understand its significance and consequences.

(5) Claiming a violation of patients' rights under this Act shall not be considered a condition for exercising the right to judicial protection.

(6) If during medical treatment a patient suffers a serious physical injury or dies and this is subject to legal proceedings, the court shall give the case priority. In the event of criminal procedures related to a case referred to in the preceding sentence, the authorities participating in the pre-trial investigation or criminal proceedings shall act rapidly.

(7) In order to detect, prevent and eliminate possible professional errors or systemic failures, as well as to monitor court proceedings initiated due to the death or serious physical injury of a patient during medical treatment, the ministry responsible for health shall obtain information from the healthcare service provider and others participating in the court proceedings and keep a record that includes the following data:

- the name of the healthcare service provider against which the proceedings were initiated,
- the personal name of the plaintiff,
- the date of the start of proceedings,
- the reason for bringing the case to court (the legal basis) and the

- vključno s tožbo oziroma kazensko ovadbo,
- evidenčna številka postopka,
- datum in način rešitve postopka ter sodno odločbo.

15. Pravica do brezplačne pomoči pri uresničevanju pacientovih pravic

#### **49. člen (pristojnosti zastopnika pacientovih pravic)**

(1) Pri uresničevanju pravic po tem zakonu pacientu svetuje, pomaga ali ga zastopa zastopnik pacientovih pravic (v nadaljnjem besedilu: zastopnik) zlasti tako, da:

- pacientu na primeren način svetuje o vsebini pravic, načinih in možnostih njihovega uveljavljanja v času pred ali med zdravljenjem in kadar so te kršene,
- daje konkretne usmeritve za uveljavljanje pravic in predlaga možne rešitve,
- pacientu nudi pomoč pri vlaganju pravnih sredstev po tem zakonu,
- za pacienta opravlja potrebne poizvedbe v zvezi z domnevnimi kršitvami pri izvajalcih zdravstvene dejavnosti,
- pri izvajalcih zdravstvenih storitev neformalno posreduje z namenom hitrega odpravljanja kršitev,
- kadar ne gre za kršitev pravic po tem zakonu, pacienta napoti na pristojno pravno ali fizično osebo ali pristojen državni organ,
- v okviru pacientovega pooblastila vloga pravna sredstva po tem zakonu in daje predloge, pojasnila in druge izjave v imenu in v korist pacienta za hitro in uspešno razrešitev spora.

(2) Zastopnik daje pacientu osnovne informacije, nudi strokovno pomoč in daje konkretne usmeritve tudi pri uveljavljanju pravic s področja zdravstvenega varstva, zdravstvenega zavarovanja in izvajanja zdravstvene dejavnosti.

(3) Poleg nalog iz prejšnjih odstavkov zastopnik skrbi za promocijo pacientovih pravic in njihovo uresničevanje v sistemu

- alleged violations, including the lawsuit or criminal complaint,
- the reference number of the proceedings,
- the date and manner of termination of the proceedings, and the court decision.

15. Right to free assistance in exercising patients' rights

#### **Article 49 (Competences of patients' rights advocates)**

(1) In exercising the rights under this Act, patients shall be advised, assisted and represented by a patients' rights advocate (hereinafter: patients' rights advocate), who:

- appropriately advises patients on rights and the methods and possibilities of exercising them before or during treatment, and when they might be violated,
- provides specific directions for exercising rights and proposes solutions,
- offers assistance to patients in filing legal claims in accordance with this Act,
- undertakes enquiries on behalf of patients about alleged violations of healthcare service providers,
- informally intervenes with healthcare service providers in order to promptly remedy violations,
- when an action is not considered a violation under this Act, directs the patient to another responsible legal or natural person or the competent national authority,
- within the scope of the patient's authorisation, files appeals under this Act and presents proposals, explanations and other statements on behalf and to the benefit of the patient in order to achieve fast and effective dispute resolution.

(2) Patients' rights advocates shall provide patients with basic information, offer professional assistance and propose specific directions in exercising rights in the field of the healthcare system, health insurance and the provision of healthcare services.

(3) In addition to the tasks referred to in the preceding paragraphs, patients' rights advocates shall promote patients' rights and

zdravstvenega varstva. Pri tem lahko izvajalcem zdravstvene dejavnosti svetuje in predlaga ukrepe za učinkovito uveljavitev določb tega zakona.

(4) Zastopnik lahko kadar koli naslovi izvajalcem zdravstvene dejavnosti predloge, mnenja, kritike ali priporočila, ki so jih ti dolžni obravnavati in nanje odgovoriti v roku, ki ga določi zastopnik.

(5) Zastopnik določi rok, v katerem mu izvajalec zdravstvene dejavnosti pošlje zahtevana pojasnila in informacije o domnevnih kršitvah. Ta rok ne sme biti krajši od 8 dni. Če izvajalec zdravstvene dejavnosti ne pošlje zastopniku pojasnil oziroma informacij v zahtevanem roku, mu brez odlašanja sporoči razloge, zaradi katerih ni ugodil njegovi zahtevi.

(6) Izvajalec zdravstvene dejavnosti mora zastopniku omogočiti dostop do vseh podatkov, ki so potrebni za njegovo delo v zvezi z zadevo, ki jo obravnava, najpozneje v petih dneh od prejema zahteve. Zastopnik se lahko seznanja z zdravstveno dokumentacijo pacienta na podlagi njegove pisne privolitve.

(7) Zastopnik lahko prekine nadaljnje aktivnosti, če ugotovi, da je bila zadeva rešena na drug način, če pacient neupravičeno ne sodeluje v postopku ali je iz njegovih dejanj razvidno, da ne kaže zanimanja za nadaljevanje postopka.

(8) Zastopnik lahko na podlagi pooblastila pacienta izvajalcu zdravstvene dejavnosti predlaga način, s katerim naj se ugotovljena nepravilnost odpravi. Pri tem lahko predlaga povrnitev škode ali predlaga drug način odprave nepravilnosti, ki je bila povzročena pacientu.

(9) Zastopniki medsebojno sodelujejo in si nudijo potrebno pomoč pri izvrševanju svojih nalog.

(10) Delo zastopnika je za pacienta brezplačno in zaupno.

## 50. člen

respect thereof within the healthcare system. In doing so, patients' rights advocates may provide advice and propose measures for effectively implementing the provisions of this Act.

(4) Patients' rights advocates may at any time address proposals, opinions, criticisms or recommendations to healthcare service providers, who are bound to examine them and reply by a deadline set by the patients' rights advocate.

(5) Patients' rights advocates shall set a deadline by which the healthcare service provider must submit the required explanation and information on alleged violations. The deadline may not be shorter than 8 days. If the healthcare service provider fails to submit the explanation and information by the set deadline, it must inform the patients' rights advocate of the reasons therefor.

(6) Healthcare service providers must enable patients' rights advocates to access all data necessary for their work on a matter they are examining within five days of receipt of a request at the latest. Patients' rights advocates may access a patient's medical records on the basis of his or her written authorisation.

(7) Patients' rights advocates may discontinue all activities if they ascertain that the matter was resolved differently, if the patient refuses to cooperate in the proceedings, or if the patient's conduct demonstrates a lack of interest in continuing the proceedings.

(8) On the basis of the patient's authorisation, the patients' rights advocate may propose to the healthcare service provider how to remedy an established irregularity. This may include the reimbursement of damage or any other means to remedy the irregularity suffered by the patient.

(9) Patients' rights advocates shall cooperate among themselves and offer the required assistance in performing their tasks.

(10) The work of patients' rights advocates for patients shall be free of charge and confidential.

## Article 50

### **(imenovanje zastopnika)**

(1) Zastopnik opravlja svoje delo nepoklicno. Pri svojem delu je neodvisen in samostojen, pri svojem delu ravna častno, pošteno in dobronamerno.

(2) Vsaka pokrajina imenuje enega zastopnika. Ne glede na prejšnjo določbo imenuje pokrajina, ki ima od vključno 300.000 do vključno 450.000 prebivalcev, dva zastopnika in pokrajina, ki ima nad 450.000 prebivalcev, tri zastopnike.

(3) Zastopnika imenuje predstavniški organ pokrajine na podlagi javnega poziva. Javni poziv za predlaganje kandidatov oziroma kandidat (v nadaljnjem besedilu: kandidat) se objavi v dnevnem časopisju in na spletni strani ministrstva, pristojnega za zdravje. Podrobnejši način in postopek izbire na podlagi javnega poziva določi predstavniški organ pokrajine v javnem pozivu.

(4) Kandidate predlagajo nevladne organizacije ali društva, ki delujejo na področju zdravstva ali varstva potrošnikov, območni sveti Zavoda za zdravstveno zavarovanje Slovenije in občinski sveti občin.

(5) Mandat zastopnika traja pet let in je lahko ponovno imenovan.

(6) Za zastopnika je lahko imenovan kandidat:

- ki je državljan Republike Slovenije,
- ki obvlada uradni jezik,
- ki ni pravnomočno obsojen na nepogojno kazen zapora,
  
- ki ima najmanj visokošolsko izobrazbo in
  
- ki ima najmanj deset let delovnih izkušenj na področju prava, zdravstva, varstva potrošnikov ali pacientovih pravic.

(7) Delo zastopnika ni združljivo:

- s članstvom v organih upravljanja in nadzora izvajalcev zdravstvene

### **(Appointment of patients' rights advocates)**

(1) Patients' rights advocates shall perform their duties non-professionally. He or she shall act independently, and respect the principles of honour, fairness and good faith.

(2) Each region shall appoint one patients' rights advocate. Regardless of the preceding provision, regions with 300,000 up to and including 450,000 inhabitants shall appoint two patients' rights advocates, and regions with over 450,000 inhabitants shall appoint three patients' rights advocates.

(3) Patients' rights advocates shall be appointed by the representative body of the region on the basis of a public call for proposals of candidates. The public call for proposals of candidates shall be published in daily newspapers and on the website of the ministry responsible for health. The method of the selection procedure based on the public call for proposals of candidates shall be defined in greater detail by the representative body of the region in the call for proposals.

(4) Candidates shall be proposed by non-governmental organisations or societies operating in the field of health or consumer protection, regional councils of the Health Insurance Institute of Slovenia and municipal councils.

(5) The term of a patients' rights advocate shall be five years and can be renewed.

(6) Candidates for patients' rights advocates shall:

- be citizens of the Republic of Slovenia,
- be fluent in the official language,
- not have been finally convicted and sentenced to an unconditional prison sentence,
- have sufficient qualifications equivalent to at least a second-cycle higher education, and
- have at least ten years of experience in law, health, consumer protection or patients' rights.

(7) Patients' rights advocate duties shall not be compatible with:

- membership in the management or supervisory boards of healthcare

- dejavnosti,
- s članstvom v organih upravljanja in nadzora Zavoda za zdravstveno zavarovanje Slovenije in drugih zavarovalnic s področja zdravstvenega zavarovanja,
- s članstvom v organih upravljanja ali nadzora gospodarske družbe, ki se ukvarja s proizvodnjo ali prodajo zdravil ali medicinskih pripomočkov,
- s članstvom v organih pristojnih zbornic na področju zdravstvene dejavnosti,
- z delom po pogodbi o zaposlitvi ali drugi pogodbi pri izvajalcu zdravstvene dejavnosti in
- s funkcijami v državnih organih, organih lokalnih skupnosti, organih političnih strank in organih sindikatov.

(8) Za zastopnika se lahko imenuje oseba, vredna zaupanja, ki ima socialne in komunikacijske sposobnosti ter uživa strokovni in moralni ugled.

(9) Predstavniški organ pokrajine iz tretjega odstavka tega člena lahko predčasno razreši zastopnika, če:

- to sam zahteva,
- trajno izgubi delovno zmožnost za opravljanje svojega dela,
- zaradi ugotovljenih napak pri delu ni vreden zaupanja,
- ne izpolnjuje več pogojev za opravljanje nalog,
- nastopi funkcijo ali delo iz sedmega odstavka tega člena.

(10) Z dnem imenovanja zastopnika temu preneha funkcija iz šeste alineje sedmega odstavka tega člena. Zastopnik mora najpozneje v treh mesecih po dnevu imenovanja prenehati opravljati delo iz pete alineje sedmega odstavka tega člena oziroma mu mora prenehati članstvo v organih iz prve, druge, tretje in četrte alineje sedmega odstavka tega člena. Če tega ne stori, ga predstavniški organ razreši.

**51. člen**  
**(delovanje zastopnika)**

- service providers,
- membership in the management or supervisory boards of the Health Insurance Institute of Slovenia and companies offering health insurance,
- membership in the management or supervisory boards of enterprises dealing with the manufacture or sale of medicinal products or medical devices,
- membership in the bodies of relevant chambers in the field of healthcare,
- an employment contract or any other type of contract with a healthcare service provider, and
- office in national bodies, bodies of local communities, bodies of political parties, and trade union bodies.

(8) A person appointed as a patients' rights advocate shall be trustworthy and possess good social and communication skills and enjoy a good professional and moral reputation.

(9) The representative body of the region referred to in paragraph three of this Article may relieve a patients' rights advocate of all duties early if:

- he or she requests to be relieved of duties,
- he or she becomes permanently incapable of performing duties,
- he or she becomes untrustworthy due to an evident mistake,
- he or she fails to meet the criteria for performing duties,
- he or she assumes any of the offices or positions referred to in paragraph seven of this Article.

(10) As of the appointment date of a patients' rights advocate, he or she shall cease to hold any office referred to in indent six of paragraph seven of this Article. Within three months of the appointment at the latest, the patients' rights advocate must cease to perform any office referred to in indent five of paragraph seven of this Article and must revoke membership in the bodies referred to in indents one, two, three and four of paragraph seven of this Article. If the patients' rights advocate fails to do so, the representative body shall relieve him or her of all duties.

**Article 51**  
**(Patients' rights advocate activities)**

(1) Zastopnik deluje na sedežu pokrajine, ki zagotavlja materialne in druge pogoje za njegovo delo.

(2) Potrebna sredstva za delo zastopnikov se določijo v proračunu pokrajine.

(3) Zastopnik je upravičen do nagrade za svoje delo in povračila dejanskih stroškov dela. Merila za določitev višine nagrade določi minister, pristojen za zdravje.

(4) Strokovno in administrativno tehnično pomoč zastopniku zagotavlja pokrajina.

(5) Zastopnik ima uradne ure v skupnem obsegu najmanj 12 ur tedensko, od tega najmanj eno tretjino v popoldanskem času.

(6) Krajevna pristojnost zastopnika se določa glede na stalno ali začasno prebivališče pacienta, razen če se zastopnik in pacient ne dogovorita drugače.

## **52. člen (pooblastilo za zastopanje)**

(1) Zastopnik potrebuje za zastopanje pacienta njegovo pisno pooblastilo.

(2) Za sklenitev poravnave ali drugega sporazuma, umik zahteve in vpogled v zdravstveno dokumentacijo mora imeti zastopnik izrecno pooblastilo. Pooblastilo za seznanitev z zdravstveno dokumentacijo lahko pacient omeji na izbrane podatke. V takem primeru mora zastopnik pacienta opozoriti na morebitne posledice te omejitve.

## **53. člen**

(1) Patients' rights advocates shall operate at the headquarters of the region that ensures the material and other conditions necessary for their work.

(2) The necessary funds for the work of patients' rights advocates shall be earmarked in the region's budget.

(3) Patients' rights advocates shall be entitled to remuneration for their work and the reimbursement of actual costs. The criteria for determining the level of remuneration shall be defined by the minister responsible for health.

(4) Patients' rights advocates shall be granted professional and administrative assistance by the region.

(5) Patients' rights advocates shall have official hours totalling at least 12 hours per week, of which at least one third in the morning hours.

(6) The regional competence of patients' rights advocates shall be determined based on the address of the patient's permanent or temporary residence, unless the advocate and the patient agree otherwise.

## **Article 52 (Authorisation for representation)**

(1) In order to represent a patient, a patients' rights advocate shall require the written authorisation of the patient.

(2) Patients' rights advocates shall present an explicit authorisation to conclude a settlement or any other agreement, to withdraw a request, or to access medical records. An authorisation for access to medical records may be limited to data selected by the patient. In such case, the patients' rights advocate must warn the patient of any consequences of such limitation.

## **Article 53**

### **(očitna neutemeljenost zahtevka)**

Če zastopnik oceni, da je pacientov zahtevk očitno neutemeljen, ni dolžan sprejeti pooblastila za zastopanje, vendar mora pacienta pisno opozoriti na nesmotrnost postopka in ga seznaniti z morebitnimi drugimi možnostmi za uveljavljanje zahtevka.

### **III. PACIENTOVE DOLŽNOSTI**

#### **54. člen (pacientove dolžnosti)**

Za doseganje kakovostne in varne zdravstvene obravnave je pacient dolžan:

- dejavno sodelovati pri varovanju, krepitvi in povrnitvi lastnega zdravja,
- v času bolezni ravnati v skladu s prejetimi strokovnimi navodili in načrti zdravljenja, v katere je ustno oziroma pisno privolil,
- dati pristojnemu zdravniku in drugim pristojnim zdravstvenim delavcem oziroma zdravstvenim sodelavcem vse potrebne in resnične informacije v zvezi s svojim zdravstvenim stanjem, ki so mu znane in so pomembne za nadaljnjo zdravstveno obravnavo, zlasti podatke o svojih sedanjih in preteklih poškodbah ter boleznih in njihovem zdravljenju, boleznih v rodbini, morebitnih alergijah in zdravilih, ki jih uživa,
- obvestiti zdravstvene delavce in zdravstvene sodelavce o nenadnih spremembah zdravstvenega stanja, ki se pojavijo med zdravljenjem,
- biti obziren in spoštljiv do zasebnosti in drugih pravic drugih pacientov ter zdravstvenih delavcev in zdravstvenih sodelavcev,
- spoštovati objavljene urnike, hišni red in predpisane organizacijske postopke izvajalcev zdravstvene dejavnosti,
- pravočasno obvestiti izvajalca zdravstvene dejavnosti o morebitnem izostanku na pregled ali zdravljenje.

### **IV. PRISTOJNOSTI VARUHA ČLOVEKOVIH PRAVIC NA PODROČJU PACIENTOVIH PRAVIC**

### **(Manifestly unfounded requests)**

If a patients' rights advocate establishes that a patient's request is manifestly unfounded, he or she shall not be bound to accept the authorisation for representation; he or she must, however, inform the patient in writing that the procedure is ill advised and that other options for filing a request exist.

### **III. PATIENT DUTIES**

#### **Article 54 (Patient duties)**

In order to achieve high quality and safe healthcare, patients shall be bound:

- to actively participate in the protection, strengthening and restoration of their health,
- to act, in times of illness, according to the received professional instructions and plans of treatment to which they have provided oral or written consent,
- to provide the responsible physician and other responsible healthcare and allied professionals all the required and true information on the health condition known to the patient and relevant for further treatment, in particular, information on current and past injuries and illnesses, their treatment, any family diseases, allergies, and medicines used,
- to inform healthcare and allied professionals of any sudden changes in his or her health condition that may occur during treatment,
- to be mindful and respectful of privacy and other rights of other patients as well as healthcare and allied professionals,
- to respect the published office hours, house rules and other prescribed organisational procedures of healthcare service providers,
- to notify in due time the healthcare service provider of any cancellation of an appointment or treatment.

### **IV. HUMAN RIGHTS OMBUDSMAN COMPETENCES IN THE FIELD OF PATIENTS' RIGHTS**

**55. člen**  
**(pristojnosti Varuha človekovih pravic)**

Varuh človekovih pravic v okviru svojih nalog, določenih z zakonom, spremlja stanje na področju uresničevanja pacientovih pravic in na tej podlagi zahteva od pristojnih državnih organov, organov lokalnih skupnosti in nosilcev javnih pooblastil, da zagotovijo pogoje in razmere za učinkovito uresničevanje tega zakona. Varuh za to področje določi enega od svojih namestnikov.

**V. POSTOPEK Z ZAHTEVO ZA OBRAVNAVO KRŠITVE PACIENTOVIH PRAVIC**

1. Prva obravnava kršitve pacientovih pravic pri izvajalcu zdravstvene dejavnosti

**56. člen**  
**(sprotno razreševanje nespোরazumov in sporov)**

(1) Če pacient neposredno med zdravstveno obravnavo izrazi nezadovoljstvo pri izvajanju zdravstvene obravnave ali nezadovoljstvo z odnosom zdravstvenega delavca oziroma zdravstvenega sodelavca, se poskusi nespোরazum z dodatnimi pojasnili ali ukrepi odpraviti takoj.

(2) Če pacient z dodatnimi pojasnili ali ukrepi ni zadovoljen, ga zdravstveni delavec oziroma zdravstveni sodelavec seznanj s pravico in postopkom vložitve zahteve za prvo obravnavo kršitve pacientovih pravic.

**57. člen**  
**(pristojna oseba)**

(1) Vsak izvajalec zdravstvene dejavnosti mora določiti osebo, ki je pristojna za sprejemanje in obravnavo zahteve za prvo obravnavo kršitve pacientovih pravic (v nadaljnjem besedilu: prva zahteva), pri

**Article 55**  
**(Human Rights Ombudsman competences)**

Within the framework of his or her duties prescribed by an Act, the Human Rights Ombudsman shall monitor the situation in the field of patients' rights enforcement, and based thereon urge the responsible national authorities, bodies of local communities and holders of public authorities to ensure the conditions for effective implementation of this Act. The Ombudsman shall assign one of his or her deputies to this specific area.

**V. PROCEDURE FOLLOWING A REQUEST FOR AN EXAMINATION OF A PATIENTS' RIGHTS VIOLATION**

1. First examination of a patients' rights violation at a healthcare service provider

**Article 56**  
**(Immediate settlement of disagreements and disputes)**

(1) If a patient expresses dissatisfaction with the provision of medical treatment or with the attitude of a healthcare or allied professional during treatment, additional explanations shall be immediately given and measures taken to settle the disagreement.

(2) If the patient is not satisfied with the additional explanations and measures, the healthcare or allied professional shall inform the patient of his or her rights and the procedure for filing a request for a first examination of a patients' rights violation.

**Article 57**  
**(Responsible person)**

(1) Each healthcare service provider must appoint a person responsible for receiving and examining requests for a first examination of a patients' rights violation (hereinafter: first request), whereby more



čemer lahko določi tudi več oseb glede na vsebino zahteve in potrebo po nemotenem zagotavljanju obravnave zahtev (v nadaljnjem besedilu: pristojna oseba).

(2) Če je prva zahteva vložena zoper pristojno osebo, izvajalec zdravstvene dejavnosti za konkretni primer določi namestnika.

(3) Če izvajalec zdravstvene dejavnosti ne določi drugače, je pristojna oseba direktor.

(4) Če je izvajalec zdravstvene dejavnosti zasebnik posameznik, se pristojna oseba določi izmed oseb z znanji s področja, ki ga zasebnik opravlja in ki pri njem ni zaposlena. Prva obravnava kršitve pacientovih pravic se lahko opravi tudi pred zasebnikom posameznikom ali drugo pristojno osebo, ki je pri njem zaposlena, če pacient s tem soglaša.

#### **58. člen (obvezne objave)**

Vsak izvajalec zdravstvene dejavnosti ima na vidnem mestu v čakalnici na primarni ravni in v specialistični ambulantni dejavnosti oziroma ob vhodu na oddelek ali običajnem oglasnem mestu bolnišnice objavljeno:

- osebno ime pristojne osebe, njeno telefonsko številko in delovno mesto, kjer se prva zahteva lahko vloži ustno,
- podatke o načinu vložitve prve zahteve in času sprejema prve zahteve pri izvajalcu zdravstvene dejavnosti,
- osebno ime, naslov, elektronski naslov, telefonsko številko in podatke o uradnih urah najbližjega zastopnika ter obvestilo o možnosti zastopanja ali druge pomoči s strani zastopnika.

#### **59. člen (rok za vložitev prve zahteve)**

(1) Prvo zahtevo zaradi domnevno neustreznega odnosa

people may be appointed subject to the request and the need to ensure unhindered examination of requests (hereinafter: responsible person).

(2) If the first request is filed against the responsible person, the healthcare service provider shall appoint a substitute responsible person for this specific case.

(3) If the healthcare service provider does not decide otherwise, the responsible person shall be the director.

(4) If the healthcare service provider is a private medical practitioner, the responsible person shall be appointed from among persons who have the knowledge in the field of the private medical practitioner's activity and are not employed therewith. A first examination of a patients' rights violation may also be carried out before a private medical practitioner or any other responsible person employed therewith if the patient agrees therewith.

#### **Article 58 (Obligatory notices)**

All healthcare service providers shall publicly display the following information in the waiting rooms of primary level healthcare facilities or specialist outpatient facilities or at the entry to hospital wards or on the general information board:

- the personal name of the responsible person and his or her telephone number and post where a first request may be filed orally,
- information on how a first request must be filed and the hours when first requests are received by the healthcare service provider,
- the personal name, address, e-mail address, telephone number and information on the office hours of the closest patients' rights advocate, as well as information on the possibility of representation or other assistance provided by a patients' rights advocate.

#### **Article 59 (Deadline for the submission of a first request)**

(1) A patient must file a first request within 15 days after the

zdravstvenih delavcev oziroma zdravstvenih sodelavcev lahko pacient vložijo najpozneje v 15 dneh od domnevne kršitve.

(2) Prvo zahtevo zaradi domnevno neustreznega ravnanja zdravstvenih delavcev oziroma zdravstvenih sodelavcev pri nujenju zdravstvene obravnave lahko pacient vložijo najpozneje v 30 dneh po končani zdravstveni obravnavi.

(3) Pacient lahko vložijo prvo zahtevo v treh mesecih po preteku rokov iz prejšnjih odstavkov, če je za kršitev zvedel kasneje oziroma če so se posledice kršitve pokazale kasneje.

#### **60. člen** **(ustna zahteva na zapisnik in pisna zahteva)**

(1) Ustna zahteva se vložijo pri pristojni osebi izvajalca zdravstvene dejavnosti. Kadar je izvajalec zdravstvene dejavnosti zasebnik posameznik, se lahko ustna zahteva vložijo tudi neposredno pri njem.

(2) Ustno zahtevo se sprejme na zapisnik, ki poleg podpisa pacienta in pristojne osebe vsebuje zlasti:

- osebno ime, naslov prebivališča in kontaktne podatke pacienta,
- opis domnevne kršitve pacientovih pravic,
- podatke o udeleženih zdravstvenih delavcih oziroma zdravstvenih sodelavcih,
- podatke o morebitnih drugih udeleženih osebah,
- čas in kraj domnevne kršitve pacientovih pravic,
- morebitne posledice domnevne kršitve pacientovih pravic in
- morebitni predlog za rešitev spora.

Pacient prejme izvod zapisnika vložene ustne zahteve.

(3) Pisna zahteva, ki vsebuje sestavine iz prejšnjega odstavka, se vložijo pri izvajalcu zdravstvene dejavnosti, kjer je domnevna kršitev nastala.

(4) Če se iz pisne zahteve ne da razbrati, kdo jo je vložil ali če

alleged violation for an allegedly inappropriate attitude of healthcare or allied professionals.

(2) A patient must file a first request within 30 days of the end of medical treatment for allegedly inappropriate behaviour of healthcare or allied professionals during medical treatment.

(3) A patient may file a first request within three months of the deadlines referred to in the preceding paragraphs if they only learn about the violation later or if the consequences of the violation appear at a later stage.

#### **Article 60** **(Oral requests entered in the record and written requests)**

(1) Oral requests shall be submitted to the responsible person of the healthcare service provider. If the healthcare service provider is a private medical practitioner, the oral request may also be submitted directly to him or her.

(2) An oral request shall be entered in the record with the signature of the patient and the responsible person, and shall include the following information:

- the personal name, residence address and contact details of the patient,
- a description of the alleged violation of patients' rights,
- information on healthcare or allied professionals involved,
- information on any other persons involved,
- the place and time of the alleged violation of patients' rights,
- any consequences of the alleged violation of patients' rights,
- any proposals to resolve the dispute.

A copy of the record of the oral request shall be given to the patient.

(3) A written request comprising the elements referred to in the preceding paragraph shall be filed with the healthcare service provider where the alleged violation occurred.

(4) If a written request does not provide sufficient information

je zahteva žaljiva ali prepozna, se zahteve ne obravnava. O tem se napravi pisni zaznamek, ki se ga pošlje pacientu, če je znan. Če pisna zahteva ne vsebuje vseh sestavin, potrebnih za obravnavo, pristojna oseba pacienta pozove, da zahtevo v določenem roku dopolni. Če pacient zahteve v roku ne dopolni, se šteje, da je zahtevo umaknil. V pozivu za dopolnitev zahteve se pacienta opozori na pravne posledice, če zahteve ne bo dopolnil.

(5) Na podlagi predhodne pisne privolitve pacienta lahko pristojna oseba vpogleda v zdravstveno dokumentacijo, ki se nanaša na obravnavano kršitev.

### **61. člen (postopek po vložitvi prve zahteve)**

(1) Pristojna oseba po prejemu prve zahteve, ki vsebuje vse sestavine iz drugega odstavka 60. člena tega zakona, potrebne za obravnavo (popolna zahteva):

- zahtevi v celoti ugotovi, o čemer napravi pisni zaznamek in ga pošlje pacientu,
- napoti pacienta na pristojno pravno ali fizično osebo, pristojni državni organ ali najbližjega zastopnika, če se zahteva nanaša na uveljavljanje pravic iz zdravstvenega zavarovanja ali pravic, ki jih ta zakon ne ureja,
- postopek ustavi, če pacient zahtevo umakne, o čemer napravi pisni zaznamek in ga pošlje pacientu ali
- pisno povabi pacienta na ustno obravnavo iz 62. člena tega zakona.

(2) Od vložitve popolne prve zahteve do ustne obravnave iz 62. člena tega zakona ne sme preteči več kot 15 dni.

(3) Na obravnavo se lahko povabi tudi druge osebe, ki imajo znanja s področja obravnavane zadeve in bi lahko pomagale razjasniti okoliščine, pomembne za odločitev, če pacient s tem soglaša.

(4) Če pacient na ustno obravnavo ne more priti, lahko za

on the patient who made it or if the request is insulting or late it shall not be examined. If the patient is known, a written remark shall be formulated about that and sent to the patient. If the written request fails to provide all of the elements necessary for the examination, the responsible person shall urge the patient to complement the request by a set deadline. If the patient fails to do so, the request shall be considered withdrawn. In the call for additional information the patient shall be informed of the legal consequences in the event the request is not complemented.

(5) On the basis of the preliminary written consent of the patient, the responsible person may access medical records in sections related to the examined violation.

### **Article 61 (Procedure following the submission of a first request)**

(1) After receiving a first request comprising all of the elements referred to in paragraph two of Article 60 of this Act required for an examination (a complete request), the responsible person shall:

- uphold the request in full, and thereby draft a notice which is sent to the patient,
- direct the patient to the competent legal or natural person, the competent national authority or the closest patients' rights advocate, if the request refers to the exercise of rights under health insurance or rights not regulated by this Act,
- stop the procedure if the patient withdraws the request, and thereby draft a notice which is sent to the patient or
- send a written invitation to the patient for an oral hearing referred to in Article 62 of this Act.

(2) The oral hearing referred to in Article 62 of this Act, shall be conducted within 15 days at the latest of the lodging of the complete first request.

(3) For an oral hearing, the healthcare service provider may also invite other persons with specific knowledge of the examined case who might help explain the circumstances required for deciding, if the patient agrees to their presence.

(4) If the patient is unable to attend the oral hearing, the

sodelovanje v obravnavi pooblasti zastopnika ali drugo osebo ali pa predlaga, naj se zahteva reši brez njegove navzočnosti. Če pacient svojega izostanka do začetka obravnave ne opraviči, pristojna oseba postopek ustavi s pisnim zaznamkom, ki ga pošlje pacientu. Če pacient iz opravičenih razlogov svojega izostanka ni mogel opravičiti, lahko to stori v treh dneh od prenehanja vzroka, zaradi katerega pacient ni mogel priti na ustno obravnavo, vendar najkasneje v 30 dneh od dneva ustne obravnave.

(5) V vabilu na ustno obravnavo se pacienta opozori na pravne posledice neopravičenega izostanka z obravnave.

## **62. člen**

### **(ustna obravnava in dogovor o načinu rešitve spora)**

(1) Pristojna oseba na ustni obravnavi lahko opravi:

- pogovor s pacientom,
- pogovor z udeleženim zdravstvenim delavcem oziroma zdravstvenim sodelavcem ali drugim zdravstvenim delavcem oziroma zdravstvenim sodelavcem, ki lahko pojasni okoliščine obravnavane kršitve,
- pogovor z drugim strokovnjakom, ki ima znanja s področja obravnavane kršitve in bi lahko pomagal razjasniti okoliščine, pomembne za odločitev,
- pregled zdravstvene ali druge dokumentacije.

(2) O poteku ustne obravnave se sestavi zapisnik, ki ga podpišejo vsi, ki so na ustni obravnavi sodelovali. Pacient prejme izvod podpisanega zapisnika takoj.

(3) Na obravnavi lahko pristojna oseba s pacientom sklene dogovor o načinu rešitve spora. Dogovor je sklenjen, ko ga podpišeta pacient in pristojna oseba.

(4) Dogovor o načinu rešitve spora iz prejšnjega odstavka se lahko sklene zlasti o:

- ustnem ali pisnem opravičilu,

patients' rights advocate or another person may be authorised by the patient to attend on their behalf, or they may propose that the hearing take place in his or her absence. If the patient fails to justify his or her absence by the start of the hearing, the responsible person shall stop the procedure by issuing a notice that is sent to the patient. If the patient fails to provide a justification for his or her absence due to justified reasons, he or she may do so within three days of the cessation of the reasons preventing them from attending the oral hearing, but no later than within 30 days of the date of the oral hearing.

(5) An invitation to attend an oral hearing shall include information about the legal consequences of unjustified absence from the hearing.

## **Article 62**

### **(Oral hearing and agreement on dispute resolution)**

(1) During an oral hearing, the responsible person may conduct:

- a conversation with the patient,
- a conversation with the healthcare or allied professional involved or any other healthcare or allied professional who might explain the circumstances of the alleged violation,
- a consultation with another expert with special knowledge of the examined violation who might explain circumstances relevant for a decision,
- an overview of medical records and other documents.

(2) Minutes shall be kept of the oral hearing, which shall be signed by all attendees. A copy of the minutes with all signatures shall be provided to the patient immediately.

(3) During the oral hearing the responsible person may conclude an agreement with the patient regarding dispute resolution. The agreement shall be considered reached when signed by the patient and the responsible person.

(4) A dispute resolution agreement referred to in the preceding paragraph may involve in particular:

- an oral or written apology,

- povračilu nepotrebnih stroškov ali druge škode v vrednosti do 300 eurov,
- pridobitvi drugega mnenja,
- ponovitvi, dopolnitvi ali popravi zdravstvene storitve, če je bila izvedena neustrezno,
- predlogu uvedbe internega ali zunanega strokovnega nadzora v skladu s predpisi, ki urejajo strokovni nadzor v zdravstvu,
- predlogu uvedbe postopka ugotavljanja obravnavane kršitve varstva osebnih podatkov.

(5) Dogovor in rok za njegovo izvršitev sta del zapisnika.

(6) Če dogovor o načinu rešitve spora ni sklenjen, se to navede v zapisniku. Pristojna oseba v tem primeru pacienta pouči o možnosti vložitve zahteve pri Komisiji Republike Slovenije za varstvo pacientovih pravic.

### **63. člen (obveščanje zastopnika in hramba dokumentacije)**

(1) Pristojna oseba mora z anonimiziranim zapisnikom o zahtevi in obravnavi kršitve ali s pisnimi zaznamki, s katerimi se postopek zaključi, zaradi spremljanja stanja na področju pacientovih pravic seznaniti najbližjega zastopnika v 15 dneh po koncu postopka, razen kadar je zastopnik v postopku z zahtevo sodeloval kot pacientov pooblaščenec.

(2) Zapisniki in morebitno drugo gradivo, ki je nastalo v postopku z zahtevo, se hrani pri izvajalcu zdravstvene dejavnosti v zbirki, ki je ločena od zdravstvene dokumentacije posameznih pacientov, skladno z določbami zakona, ki ureja varstvo osebnih podatkov. Za dokumentarno gradivo se uporabljajo določbe 41. člena tega zakona. Dokumentarno gradivo se hrani pet let.

2. Druga obravnava kršitve pacientovih pravic pred Komisijo Republike

- reimbursement of unnecessary costs or damage in an amount not exceeding EUR 300,
- a decision to obtain a second opinion,
- a new, additional or corrective healthcare service if the previous service was conducted inappropriately,
- a proposal to initiate an internal or external professional audit in accordance with the regulation on professional audits in healthcare,
- a proposal to initiate proceedings related to a possible violation of personal data protection.

(5) The agreement and the deadline for the implementation thereof shall be included in the minutes.

(6) If no agreement regarding dispute resolution is concluded this shall be stated in the minutes. In such case, the responsible person shall inform the patient of his or her right to submit a request to the Commission of the Republic of Slovenia for Patients' Rights Protection.

### **Article 63 (Notification of patients' rights advocates and keeping documentation)**

(1) For the purposes of monitoring in the field of patients' rights, the responsible person must submit a record related to a request for the examination of a violation and the examination thereof or written records attesting to the conclusion of the procedure, with any personal data removed, to the closest patients' rights advocate within 15 days of the conclusion of the procedure, unless the patients' rights advocate participated in the procedure on behalf of the patient.

(2) Written records and any other documentary material produced during the procedure related to the request shall be stored at the healthcare service provider separately from individual patients' medical records, in accordance with the provisions of the Act regulating personal data protection. For documentary material, the provision of Article 41 of this Act shall apply. Documentary material shall be kept for a period of five years.

2. Second examination of a patients' rights violation before the

2.1 Splošne določbe

2.1 General provisions

**64. člen**  
**(ustanovitev in sestava Komisije Republike Slovenije za varstvo**  
**pacientovih pravic)**

**Article 64**  
**(Establishment and composition of the Commission of the Republic**  
**of Slovenia for Patients' Rights Protection)**

(1) Za odločanje o zahtevi za drugo obravnavo kršitve pacientovih pravic (v nadaljnjem besedilu: druga zahteva) se ustanovi Komisija Republike Slovenije za varstvo pacientovih pravic (v nadaljnjem besedilu: Komisija).

(1) For deciding on a request for a second examination of a patients' rights violation (hereinafter: a second request), the Commission of the Republic of Slovenia for Patients' Rights Protection shall be established (hereinafter: Commission).

(2) Komisija ima predsednika oziroma predsednico (v nadaljnjem besedilu: predsednik) in 75 članov oziroma članic (v nadaljnjem besedilu: član).

(2) The Commission shall consist of a president and 75 members.

(3) Predsednika Komisije imenuje Vlada Republike Slovenije na predlog ministra, pristojnega za zdravje. Za predsednika Komisije je lahko imenovana oseba, ki izpolnjuje pogoje za višjega sodnika v skladu z zakonom, ki ureja sodniško službo.

(3) The Commission president shall be appointed by the Government of the Republic of Slovenia on the proposal of the minister responsible for health. The person appointed president of the Commission shall fulfil the conditions for the position of Higher Court Judge in accordance with the Act regulating judicial service.

(4) Za člana Komisije je lahko imenovana oseba, ki ima najmanj univerzitetno izobrazbo s področja prava ali ekonomije oziroma najmanj visokošolsko izobrazbo s področja zdravstva ali ekonomije in najmanj pet let delovnih izkušenj s teh področij.

(4) Persons appointed as members of the Commission shall hold at least a university degree in law or economics or at least a higher education degree in healthcare or economics and have at least five years experience in these fields.

(5) Člane Komisije imenuje minister, pristojen za zdravje, in sicer:

(5) Members of the Commission shall be appointed by the minister responsible for health, as follows:

- 33 članov na predlog posameznih Razširjenih strokovnih kolegijev pri ministrstvu, pristojnem za zdravje,
- 25 članov na predlog nevladnih organizacij s področja varstva pacientovih pravic ali varstva potrošnikov,
- 5 članov na predlog pristojnih zbornic in strokovnih združenj, ki delujejo na področju zdravstvene dejavnosti in imajo javno pooblastilo,
- 5 članov izmed javnih uslužbencev ministrstva, pristojnega za zdravje,

- 33 members on the proposal of individual Extended Expert Panels at the ministry responsible for health,
- 25 members on the proposal of non-governmental organisations in the field of patients' rights protection or consumer rights protection,
- 5 members on the proposal of competent professional chambers and associations working in the field of healthcare as bearers of public authority,
- 5 members from among public employees working at the ministry responsible for health,

- 4 člane na predlog Komisije Republike Slovenije za medicinsko etiko pri ministrstvu, pristojnem za zdravje,
- 3 člane izmed javnih uslužbencev ministrstva, pristojnega za pravosodje, na predlog ministra, pristojnega za pravosodje.

(6) Mandat predsednika in članov Komisije traja pet let in so lahko ponovno imenovani.

(7) Pred potekom mandata je predsednik ali član Komisije lahko razrešen na svojo željo, če trajno izgubi delovno zmožnost za opravljanje svojega dela, če ne izpolnjuje več pogojev za opravljanje svojega dela ali če zaradi ugotovljenih napak pri delu ni vreden zaupanja.

(8) Komisija svoje delo uredi s poslovnikom, ki se objavi v Uradnem listu Republike Slovenije.

(9) Komisija svoje delo opravlja v prostorih ministrstva, pristojnega za zdravje, ki Komisiji zagotavlja strokovno in administrativno tehnično pomoč.

(10) Finančna sredstva za delo Komisije in mediatorjev iz 72. člena tega zakona se zagotovijo v proračunu Republike Slovenije.

(11) Predsednik in člani Komisije ter mediatorji opravljajo naloge nepoklicno, pri čemer so upravičeni do sejnine in dejanskih stroškov sodelovanja pri delu Komisije in pri mediacijah. Višino nadomestil določi minister, pristojen za zdravje.

#### **65. člen** **(subsidiarna uporaba pravil splošnega upravnega postopka)**

V postopku z zahtevo za drugo obravnavo kršitev pacientovih pravic pred Komisijo se subsidiarno uporabljajo določbe zakona, ki ureja splošni upravni postopek, če s tem zakonom ni določeno drugače.

- 4 members on the proposal of the Commission of the Republic of Slovenia for medical ethics at the ministry responsible for health,
- 3 members from among public employees working at the ministry responsible for justice, on the proposal of the minister responsible for justice.

(6) The term of the president and members of the Commission shall last 5 years and can be renewed.

(7) Before the end of the term, the president or a member of the Commission may be relieved of duties at his or her own request, if he or she permanently loses the capacity to work, if he or she no longer meets the conditions for performing duties, or if he or she becomes untrustworthy due to established mistakes.

(8) The Commission shall adopt rules of procedure to regulate its work, and publish them in the Official Gazette of the Republic of Slovenia.

(9) The Commission shall meet on the premises of the ministry responsible for health, which shall provide the Commission professional and administrative technical assistance.

(10) The financial means for the work of the Commission and the mediators referred to in Article 72 of this Act shall be earmarked in the budget of the Republic of Slovenia.

(11) The president and members of the Commission and mediators shall perform their duties non-professionally and shall be entitled to the reimbursement of meeting expenses and other actual costs for their participation in the Commission's work and in mediations. The criteria setting the level of remuneration shall be defined by the minister responsible for health.

#### **Article 65** **(Subsidiary use of general administrative procedure rules)**

For the procedure related to a request for a second examination of a patients' rights violation before the Commission the provisions of the Act regulating the general administrative procedure shall

**66. člen**  
**(rok za vložitev, vsebina in odločanje o drugi zadevi)**

(1) Komisija je pristojna za odločanje o drugi zahtevi:

- zaradi nedoseženega dogovora v postopku obravnave prve zahteve,
- zaradi nespoštovanja dogovora, ki je bil sklenjen v postopku obravnave prve zahteve,
- če izvajalec zdravstvene dejavnosti kljub pravočasno in pravilno vloženi prvi zahtevi obravnave ni izvedel.

(2) Drugo zahtevo lahko pacient vloži najpozneje v 15 dneh po vročitvi zapisnika iz postopka za obravnavo prve zahteve ali v 15 dneh po poteku roka za izvršitev dogovora. Če izvajalec zdravstvene dejavnosti obravnave prve zahteve ni izvedel, lahko pacient vloži drugo zahtevo v 30 dneh od vložitve popolne prve zahteve.

(3) Druga zahteva se v pisni obliki ali ustno na zapisnik vloži na Komisijo in vsebuje naslednje podatke:

- osebno ime, naslov in druge kontaktne podatke pacienta,
- navedbo izvajalca zdravstvene dejavnosti, zoper katerega se druga zahteva vlaga,
- razlog za vložitev druge zahteve iz prvega odstavka tega člena,
- dokazilo o vložitvi prve zahteve, izvod prve zahteve in fotokopijo morebitnega dogovora iz četrtega odstavka 62. člena tega zakona,
- izjavo pacienta, da o zadevi ne teče sodni ali upravni postopek,
- morebitne posledice domnevne kršitve pacientovih pravic in
- morebiten predlog za rešitev spora.

**67. člen**

apply in a subsidiary manner, unless otherwise determined by this Act.

**Article 66**  
**(Deadline for the submission, content and deciding on a second request)**

(1) The Commission is responsible for deciding on a second request:

- due to failure to reach an agreement in the first request examination procedure,
- due to failure to respect the agreement reached in the first request examination procedure,
- if the healthcare services provider failed to organise an examination despite having received a complete first request in due time.

(2) A second request may be filed within 15 days of receiving the minutes on the first request examination procedure or within 15 days of the deadline for implementing an agreement. If the healthcare service provider failed to organise the first request examination, the patient may file a second request within 30 days of submitting a complete first request.

(3) The second request shall be submitted in writing or orally on record with the Commission, and shall include the following information:

- the personal name, address and contact details of the patient,
- information on the healthcare service provider against whom the second request has been filed,
- the reason for filing the second request referred to in paragraph one of this Article,
- proof of the submission of the first request, a copy of first request and a photocopy of any agreement referred to in paragraph four of Article 62 of this Act,
- a statement by the patient that the case is not part of a legal or administrative procedure,
- any consequences of the alleged violation of patients' rights,
- any proposals to resolve the dispute.

**Article 67**



### **(stroški postopka pred Komisijo)**

(1) Predhodno nosi vsak udeleženec stroške, ki mu nastanejo zaradi postopka.

(2) Če pacient s svojo zahtevo v celoti oziroma deloma uspe, izvajalec zdravstvene dejavnosti nosi celoten oziroma sorazmeren del njegovih stroškov, razen morebitnih stroškov zastopanja po pooblaščenju, ki ni zastopnik pacientovih pravic.

(3) Če pacient s svojo zahtevo ne uspe, krije zgolj svoje stroške.

(4) Stroške, ki jih je udeleženec po svoji krivdi povzročil sebi ali nasprotnemu udeležencu, krije na zahtevo nasprotnega udeleženca udeleženec, ki je te stroške povzročil.

(5) Pri odločanju o tem, kateri stroški naj se povrnejo, upošteva Komisija samo tiste stroške, ki so bili potrebni za postopek. O tem, kateri stroški so bili potrebni in koliko znašajo, odloči Komisija po skrbni presoji vseh okoliščin.

(6) Če se postopek zaključi s poravnavo ali drugim sporazumom, vsak udeleženec krije svoje stroške, razen če v poravnavi oziroma sporazumu ni dogovorjeno drugače.

(7) Komisija lahko pacienta oprosti plačila vseh ali dela stroškov, če ugotovi, da jih ta ne more plačati brez škode za nujno preživetje samega sebe ali svoje družine.

(8) Za vloge, dejanja in odločbe v postopkih po tem zakonu se ne plačujejo takse.

### **68. člen (dostop do dokumentarnega gradiva)**

Komisija lahko za potrebe odločanja v konkretni zadevi po tem zakonu med postopkom druge obravnave dostopa do dokumentarnega gradiva, s katerim razpolaga izvajalec zdravstvene dejavnosti, vključno z

### **(Costs of procedures before the Commission)**

(1) All parties in the procedure shall bear the preliminary costs related to the procedure.

(2) If the patient's request is upheld in full or in part, the healthcare service provider shall bear the full costs or a proportionate share of the costs, except for any costs of representation by proxy other than by the patients' rights advocate.

(3) If the patient's request is dismissed, the patient shall only bear his or her costs.

(4) If a party is responsible for costs incurred by him or herself or other parties, the costs shall be reimbursed by the responsible party upon request.

(5) When deciding on the costs to be reimbursed, the Commission shall take into consideration only the costs necessary for the procedure. Which costs are necessary and what they amount to shall be decided by the Commission after diligent assessment thereof.

(6) If the procedure concludes with a settlement or any other agreement, the parties shall cover their own costs, unless otherwise arranged in the settlement or agreement.

(7) The Commission may exempt a patient from the payment of all costs or a part thereof if it is established that the patient cannot reimburse such costs without causing harm to the subsistence of the patient or the family thereof.

(8) No fees shall apply to submissions, actions or decisions within procedures under this Act.

### **Article 68 (Access to documentation)**

For deciding in a specific case under this Act, during a second examination the Commission may access documentary materials kept by the healthcare service provider, including the patient's medical records.

zdravstveno dokumentacijo pacienta.

## 2.2 Pripravljalni postopek in pripravljalni narok

### **69. člen** **(predhodni preiskus druge zahteve in pripravljalni narok)**

(1) Če predsednik Komisije ugotovi, da je druga zahteva nerazumljiva ali nepopolna, pozove pacienta, da drugo zahtevo v osmih dneh dopolni ali popravi. Če pacient druge zahteve v roku ne dopolni ali nepravilnosti ne odpravi, ali če je zahteva anonimna ali prepozna, predsednik Komisije s sklepom drugo zahtevo zavrže.

(2) Predsednik Komisije v 15 dneh od prejema popolne druge zahteve:

- s sklepom drugo zahtevo zavrže, če pacient predhodno ni vložil prve zahteve ali če o zadevi teče sodni ali upravni postopek,
- zadevo odstopi pristojnemu organu, če reševanje druge zahteve ni v pristojnosti Komisije, in o tem obvesti pacienta ali
- zadevo vzame v obravnavo in skliče pripravljalni narok.

(3) Predsednik Komisije na pripravljalni narok povabi pacienta, njegovega zakonitega zastopnika in izvajalca zdravstvene dejavnosti, zoper katerega je bila vložena druga zahteva, določi člana Komisije, ki vodi pripravljalni narok in je strokovnjak s področja prava ter izpolnjuje pogoje za vodenje upravnega postopka v skladu z zakonom, ki ureja splošni upravni postopek, lahko pa tudi odloči, da na pripravljalnem naroku sodeluje član Komisije z ustreznimi strokovnimi znanji s področja zdravstva.

(4) Predsednik Komisije poleg vabila na pripravljalni narok pošlje izvajalcu zdravstvene dejavnosti tudi drugo zahtevo pacienta in mu določi rok za odgovor. Odgovor izvajalca zdravstvene dejavnosti se vroči pacientu najmanj osem dni pred pripravljalnim narokom.

## 2.2 Preparatory process and preliminary hearing

### **Article 69** **(Second request preliminary test and preliminary hearing)**

(1) If the president of the Commission establishes that the second request is incomprehensible or incomplete, he or she shall call on the patient to complement or correct the second request within eight days. If the patient fails to complement or correct the second request by the set deadline or if the request is anonymous or late, the president of the Commission shall issue a decision dismissing the request.

(2) Within 15 days of receiving a complete second request, the president of the Commission shall:

- issue a decision dismissing the second request if the patient failed to submit the first request or if the matter is part of a pending legal or administrative procedure,
- refer the case to the competent body if the second request falls outside the Commission's competence, and inform the patient thereof, or
- accept the case for examination and call a preliminary hearing.

(3) The president of the Commission shall invite to the preliminary hearing the patient, his or her legal representative and the healthcare service provider against whom the second request has been filed, appoint a member of the Commission to chair the preliminary hearing who is an expert in law and fulfils the conditions for conducting administrative procedures in accordance with the Act regulating the general administrative procedure, and he or she may also decide to invite a member of the Commission with adequate professional knowledge in healthcare.

(4) Along with the invitation to the preliminary hearing, the president of the Commission shall send the healthcare service provider the second request of the patient and set a deadline for a reply. The reply of the healthcare service provider shall be served on the patient at least eight days before the preliminary hearing.

(5) Če na pripravljalni narok pacient ne pride in svojega izostanka do naroka ne opraviči, predsednik Komisije izda sklep, s katerim se postopek obravnave druge zahteve konča.

(6) Če na pripravljalni narok ne pride predstavnik izvajalca zdravstvene dejavnosti in svojega izostanka do naroka ne opraviči, predsednik Komisije predlaga uvedbo postopka zaradi prekrška.

## **70. člen** **(namen in potek pripravjalnega naroka)**

(1) Na pripravjalnem naroku član Komisije z udeleženci razpravlja o dejanskih in pravnih vidikih druge zahteve in se, upoštevaje naravo kršitve, dogovori za eno od naslednjih možnosti:

- takojšnjo sklenitev poravnave,
- soglasje za pričetek postopka mediacije ali
- postopek obravnave druge zahteve v senatni obravnavi.

(2) Udeleženci spora lahko sklenejo poravnavo, če narava kršene pravice to dopušča. Poravnavo sklenejo tako, da z vzajemnim popuščanjem prekinejo spor oziroma odpravijo negotovosti in določijo svoje vzajemne pravice in obveznosti. Pred sklenitvijo poravnave se pacientu pojasnijo vse okoliščine in posledice sklenjene poravnave, kar se zapiše tudi v zapisnik. Poravnava mora biti jasna in določna ter ne sme biti v škodo javne koristi, javne morale ali pravne koristi drugih. Poravnava je sklenjena, ko je zapisnik prebran in ga podpišejo udeleženci spora. Poravnava, sklenjena po tem odstavku, je izvršilni naslov.

(3) Če udeleženci ne sklenejo poravnave oziroma ne dosežejo soglasja o začetku postopka mediacije in pacient zahteva odškodnino zaradi domnevne kršitve, predsednik Komisije izda sklep, s katerim se postopek obravnave druge zahteve ustavi in pacienta pouči o možnosti uveljavljanja odškodninskega zahtevka pred sodiščem.

(5) If the patient fails to attend the preliminary hearing without any prior notification of absence, the president of the Commission shall issue a decision on the cessation of the second request examination.

(6) If the responsible person of the healthcare service provider fails to attend the preliminary hearing without any prior notification of absence, the president of the Commission shall propose that minor offence proceedings be opened.

## **Article 70** **(Purpose and course of preliminary hearings)**

(1) During a preliminary hearing, the Commission member and parties shall discuss the factual and legal aspects of the matter and agree on one of the following possibilities in light of the nature of the violation:

- an immediate settlement,
- consent to initiate mediation proceedings, or
- examination of the second request before a panel.

(2) If the nature of the violation permits, the parties in the dispute may reach a settlement. The settlement shall be reached through mutual concessions in order to end the dispute or eliminate uncertainty and agree on mutual rights and obligations. Before agreeing on the settlement, the patient shall receive an explanation of the circumstances and consequences of the settlement, which shall also be included in the minutes. The settlement must be clear and definitive, and must not undermine the public benefit, public morality or the legal benefits of others. The settlement shall be concluded when the minutes are read and signed by all participants in the dispute. A settlement agreed to in accordance with this paragraph shall constitute an instrument permitting enforcement.

(3) If the parties fail to reach a settlement or an agreement to initiate mediation proceedings and the patient demands compensation due to the alleged violation, the president of the Commission shall issue a decision to suspend the second request examination procedure and inform the patient of the possibility to enforce a compensation claim in court.

(4) Če udeleženci ne sklenejo poravnave oziroma ne dosežejo soglasja o začetku postopka mediacije in pacient ne zahteva odškodnine zaradi domnevne kršitve, se postopek nadaljuje v senatni obravnavi.

(5) O poteku pripravljalnega naroka se sestavi zapisnik, ki ga podpišejo vsi, ki so na naroku sodelovali. Pacient prejme izvod podpisanega zapisnika takoj.

## 2.3 Mediacijski postopek

### **71. člen (dogovor o mediaciji)**

(1) Pacient in izvajalec zdravstvene dejavnosti se v pisnem dogovoru o mediaciji dogovorita o izbranem mediatorju iz seznama mediatorjev ter o vseh vprašanjih, povezanih z izvedbo postopka mediacije.

(2) Če kljub soglasju o začetku postopka mediacije pacient in izvajalec zdravstvene dejavnosti ne dosežeta soglasja o določitvi mediatorja, tega iz seznama mediatorjev določi predsednik Komisije.

### **72. člen (postopek mediacije)**

(1) Mediacija je postopek, v katerem skušajo udeleženci ob podpori mediatorja in ob upoštevanju interesov vseh udeležencev rešiti spor in doseči sporazum.

(2) Sporazum mora biti jasen in določen ter ne sme biti v škodo javne koristi, javne morale ali pravne koristi drugih. Sporazum je sklenjen, ko ga podpišejo udeleženci spora.

(3) V postopek mediacije se lahko poleg pacienta in izvajalca zdravstvene dejavnosti z njunim soglasjem vključi tudi zavarovalnica, pri

(4) If the parties fail to reach a settlement or an agreement to initiate mediation proceedings and the patient does not demand compensation due to the alleged violation, the procedure shall continue before a panel.

(5) The minutes of the preliminary hearing shall be kept and signed by all attendees. A copy of the minutes with all signatures shall be provided to the patient immediately.

## 2.3. Mediation procedure

### **Article 71 (Mediation agreement)**

(1) In a written agreement on mediation, the patient and healthcare service provider shall agree on a mediator selected from the mediator list, and on all issues related to the mediation proceedings.

(2) If the patient and healthcare service provider fail to reach an agreement on the selection of a mediator, despite agreeing to initiate mediation proceedings, a mediator shall be appointed by the president of the Commission.

### **Article 72 (Mediation proceedings)**

(1) During mediation proceedings all parties shall endeavour to resolve the dispute and reach an agreement with the support of the mediator and by taking into consideration the interests of all parties.

(2) The agreement must be clear and definitive, and must not undermine the public benefit, public morality or the legal benefits of others. The agreement shall be concluded when signed by all parties to the dispute.

(3) Besides the patient and healthcare service provider, the mediation procedure may also involve, with their consent, the insurance

kateri ima izvajalec zdravstvene dejavnosti zavarovano odgovornost, ali druga pravna ali fizična oseba.

(4) Če udeleženci v 45 dneh po sklenitvi dogovora o mediaciji ne dosežejo sporazuma, se lahko mediacija v soglasju z udeleženci podaljša še za največ 30 dni. Če udeleženci v tem času ne dosežejo sporazuma, mediator postopek mediacije konča, postopek obravnave druge zahteve pa se nadaljuje pred senatom Komisije. Če pacient zahteva odškodnino zaradi domnevne kršitve, mediator o tem obvesti predsednika Komisije, ki ravna v skladu s tretjim odstavkom 70. člena tega zakona.

(5) Sporazum, dosežen v mediaciji, ki ga po predhodnem soglasju obeh udeležencev potrdi predsednik Komisije, je izvršilni naslov. Predsednik sporazuma ne potrdi, če je sklenjen v nasprotju z drugim odstavkom tega člena ali če je v nasprotju s prisilnimi predpisi s področja varstva pravic pacienta.

(6) Minister, pristojen za zdravje, vodi seznam mediatorjev, ki izvajajo mediacijo v skladu s tem zakonom. Mediatorji iz tega seznama ne morejo biti hkrati tudi člani Komisije.

(7) Minister, pristojen za zdravje, s pravilnikom določi:

- pogoje za uvrstitev mediatorjev na seznam mediatorjev iz prejšnjega odstavka tega člena,
- merila usposobljenosti mediatorjev,
- podrobnejša pravila postopka mediacije,
- način nadzora nad delom mediatorjev,
- način vodenja statističnih podatkov o opravljenih postopkih mediacij.

2.4 Postopek obravnave druge zahteve pred Komisijo v senatni obravnavi

#### 2.4.1 Splošno

company with whom the healthcare service provider concluded liability insurance, or another legal or natural person.

(4) If the parties fail to reach an agreement within 45 days of the conclusion of a mediation agreement, the mediation may be extended for a maximum of 30 days with the consent of all parties. If the parties fail to reach an agreement in this period, the mediator shall stop the mediation proceedings and the second request examination shall continue before a panel of the Commission. If the patient demands compensation due to the alleged violation, the mediator shall inform the president of the Commission, who shall act in accordance with paragraph three of Article 70 of this Act.

(5) An agreement reached through mediation and confirmed by the president of the Commission with the prior consent of both parties shall constitute an instrument permitting enforcement. The president shall not confirm the agreement if it is contrary to paragraph two of this Article or the mandatory provisions on patients' rights protection.

(6) The minister responsible for health shall keep a list of mediators conducting mediation proceedings in accordance with this Act. Mediators on the list may not concurrently act as members of the Commission.

(7) The minister responsible for health shall adopt rules regulating:

- the conditions for placing mediators on the list referred to in the preceding paragraph of this Article,
- the criteria attesting to the qualifications of mediators,
- detailed rules on mediation proceedings,
- supervision of mediators' work,
- the management of statistical data on concluded mediation proceedings.

2.4 Second request examination proceedings before a panel

#### 2.4.1 General provisions

**73. člen**  
**(oblikovanje senatov)**

(1) Postopek obravnave druge zahteve se izvaja v senatih, katerih sestavo za vsak primer posebej, upoštevajoč vsebino druge zahteve, določi predsednik Komisije.

(2) Predsednik Komisije najpozneje v 10 dneh od poteka rokov iz četrtega odstavka 72. člena tega zakona ali od prejema zapisnika s pripravljalnega naroka s sklepom določi člane senata ter njihove namestnike.

(3) Senat šteje tri člane, od katerih je en član predstavnik nevladnih organizacij. Predsednik senata je član Komisije, ki je vodil pripravljalni narok. Senat odloča z večino glasov vseh članov.

(4) Postopek obravnave druge zahteve se praviloma opravi na sedežu Komisije. Če to narekujejo razlogi smotrnosti in ekonomičnosti postopka, se kraj obravnave lahko določi glede na bivališče pacienta in sedež zastopnika.

(5) Sklep iz drugega odstavka tega člena se pošlje pacientu in izvajalcu zdravstvene dejavnosti.

**74. člen**  
**(sklic obravnave)**

(1) Predsednik senata najpozneje v osmih dneh od izdaje sklepa o določitvi senata skliče obravnavo.

(2) Na obravnavo se povabi pacienta oziroma njegovega zakonitega zastopnika, predstavnika izvajalca zdravstvene dejavnosti, zoper katerega je vložena druga zahteva, morebitne priče in zastopnika,

**Article 73**  
**(Establishment of panels)**

(1) The second request examination procedure shall be conducted in panels, whose composition shall be decided on by the president of the Commission on a case-by-case basis, considering the subject matter of the second request.

(2) The president of the Commission shall issue a decision appointing members of a panel and their substitutes within 10 days at the latest after the expiry of the deadlines referred to in paragraph four of Article 72 of this Act or receipt of the minutes of the preliminary hearing.

(3) A panel shall consist of three members, one of which shall be a representative of non-governmental organisations. The panel shall be presided over by the member of the Commission chairing the preliminary hearing. The panel shall adopt decisions by a majority vote of all members.

(4) The second request examination procedure shall generally be conducted at the seat of the Commission. If necessary for reasons of effectiveness and economic efficiency, the place where the examination is carried out may be decided on based on the residence of the patient and the seat of the patients' rights advocate.

(5) The decision referred to in paragraph two of this Article shall be sent to the patient and the healthcare service provider.

**Article 74**  
**(Convening a hearing)**

(1) The president of a panel shall convene a hearing within eight days at the latest after the issuance of the decision on the appointment of the panel.

(2) An invitation to the hearing shall be sent to the patient or his or her legal representative, a representative of the healthcare service provider against whom the second request has been filed, any witnesses

če ga je pacient pooblastil, ali morebitnega pacientovega pooblaščenca.

(3) Če senat na podlagi dokumentacije ugotovi, da je zahteva v celoti utemeljena, lahko brez obravnave zahtevi ugotovi in o tem obvesti pacienta in izvajalca zdravstvene dejavnosti, zoper katerega je vložena zahteva.

#### **75. člen (postopek)**

(1) Senat si ves čas postopka obravnave druge zahteve prizadeva za hiter potek postopka, sklenitev poravnave ali drugega sporazuma, če sta glede na naravo kršitve mogoča, in za druge neformalne načine razrešitve spora.

(2) Senat lahko v postopku odločanja zasliši pacienta, predstavnika izvajalca zdravstvene dejavnosti, zoper katerega je vložena druga zahteva, domnevnega kršitelja in morebitne priče, pregleda razpoložljivo zdravstveno in drugo dokumentacijo ter na tej podlagi odloči praviloma že na prvi obravnavi.

#### 2.4.2 Interni strokovni nadzor po sklepu senata

#### **76. člen (sklep o začetku internega strokovnega nadzora)**

Če je to potrebno za odločitev v konkretni zadevi, lahko senat kadar koli med postopkom na pobudo pacienta, izvajalca zdravstvene dejavnosti ali po lastni presoji s sklepom odredi interni strokovni nadzor pri izvajalcu zdravstvene dejavnosti, zoper katerega je vložena druga zahteva.

#### **77. člen (izvedba internega strokovnega nadzora)**

(1) Interni strokovni nadzor se zaključi v 30 dneh po izdaji sklepa iz prejšnjega člena.

and the patients' rights advocate, if authorised by the patient, or the patient's proxy, if any exists.

(3) If based on the documents the panel establishes that the request is fully substantiated, it may uphold the request without a hearing and inform thereof the patient and the healthcare service provider against whom the request was filed.

#### **Article 75 (Procedure)**

(1) Throughout the second request examination procedure, the panel shall endeavour to carry out a speedy procedure, to conclude a settlement or any other agreement, if possible considering the nature of the violation, and other informal means of dispute resolution.

(2) During the procedure, the panel may question the patient, the healthcare service provider against whom the second request has been filed, the alleged perpetrator and any witnesses; it may access the available health and other documentation, and based on the grounds thereof reach a decision already in the first hearing.

#### 2.4.2 Internal professional audit following the decision of a panel

#### **Article 76 (Decision to initiate an internal professional audit)**

When required to adopt a decision on a matter, a panel may at any time order an internal professional audit of the healthcare service provider against whom the second request was filed, on the initiative of the patient, the healthcare service provider or on its own initiative.

#### **Article 77 (Internal professional audit)**

(1) An internal professional audit shall conclude within 30 days of the issuance of the decision referred to in the preceding Article.

(2) Zapisnik komisije, ki je opravila interni strokovni nadzor, se v treh dneh po končanem nadzoru posreduje senatu.

(3) Postopek izvedbe internega strokovnega nadzora podrobneje predpiše minister, pristojen za zdravje.

#### 2.4.3 Odločitve senata

##### **78. člen (odločitve senata)**

(1) Senat odloči o drugi zahtevi takoj po obravnavi.

(2) Senat lahko drugi zahtevi delno ali v celoti ugodi ali jo zavrne. Če zahtevi ugodi, lahko sprejme zlasti naslednje odločitve:

- izvajalcu zdravstvene dejavnosti naloži odpravo ugotovljenih nepravilnosti in poročanje o izvedenih ukrepih,
- izvajalcu zdravstvene dejavnosti naloži, da pacientu obrazloži razloge za nastanek nepravilnosti in se mu zanje opraviči,
- izvajalcu zdravstvene dejavnosti naloži izvedbo dodatnih preiskav, ponovitev, dopolnitev ali popravo zdravstvene storitve, če je bila izvedena neustrezno, in poročanje o izvedenih ukrepih,
- izvajalcu zdravstvene dejavnosti naloži izvedbo ustreznih ukrepov za preprečitev kršenja pravic v prihodnje in poročanje o izvedenih ukrepih,
- izvajalcu zdravstvene dejavnosti, izjemoma pa tudi neposrednemu kršitelju, izreče opomin, pri tem pa lahko odloči, da se opomin, izrečen izvajalcu zdravstvene dejavnosti, tudi javno objavi na spletni strani Komisije,
- izvajalcu zdravstvene dejavnosti izda priporočilo za ukrepanje, ki lahko prispeva k učinkovitemu uveljavljanju pravic iz tega zakona.

(3) Senat s sklepom lahko predlaga, da se opravi:

(2) Within three days of the conclusion of the audit, the minutes of the commission performing the internal professional audit shall be conveyed to the panel.

(3) The procedure for internal professional audits shall be defined in greater detail by the minister responsible for health.

#### 2.4.3 Decisions by a panel

##### **Article 78 (Decisions by a panel)**

(1) A panel shall adopt a decision on a second request immediately after the hearing.

(2) The panel may uphold such request partially or in full, or dismiss it. If the request is upheld, the panel may adopt the following decisions:

- order the healthcare service provider to eliminate the irregularities and report on the measures taken,
- order the healthcare service provider to explain the reasons leading to the irregularities and apologise for them,
- order the healthcare service provider to carry out additional examinations, change, improve or correct the healthcare service, if such was carried out in an inappropriate manner, and report on measures taken,
- order the healthcare service provider to adopt necessary measures to prevent patients' rights violations in the future and report on the measures taken,
- issue the healthcare service provider and, as an exception, the immediate perpetrator, a warning, whereby it may decide that the warning issued to the healthcare service provider must be publicly issued on the Commission's website,
- issue the healthcare service provider a recommendation to take measures that might contribute to more effective exercise of the rights under this Act.

(3) The panel may adopt a decision proposing that:



- upravni nadzor v pristojnosti ministrstva, pristojnega za zdravje,
- zunanji strokovni nadzor po predpisih, ki urejajo nadzor za zagotovitev strokovnosti dela zdravstvenih delavcev oziroma zdravstvenih sodelavcev (strokovni nadzor s svetovanjem, ki ga izvede pristojna zbornica oziroma strokovno združenje z javnim pooblastilom za opravljanje strokovnega nadzora),
- finančni nadzor, ki ga izvede Zavod za zdravstveno zavarovanje Slovenije,
- disciplinski ali drug postopek zoper odgovorne delavce izvajalca zdravstvene dejavnosti.

(4) Izvajalec zdravstvene dejavnosti v 30 dneh po prejemu sklepa senata v zvezi z uvedbo disciplinskega ali drugega postopka zoper odgovorne delavce odloči, ali bo predlogu sledil, morebitno zavrnitev predloga pa obrazloži in s tem seznanil senat in pacienta.

(5) Če je drugi zahtevi ugodeno, izrek odločitve, upoštevajoč naravo kršitve, nedvoumno določa način in rok odprave kršitve ter odločitev o stroških postopka.

(6) Odločitve iz tega člena se vročijo udeležencem spora in zastopniku najpozneje osem dni po opravljeni obravnavi.

### **79. člen**

#### **(dokončnost odločitve senata in pravna sredstva)**

(1) Odločitev senata v postopku obravnave druge stopnje je dokončna.

(2) Zoper odločbe in sklepe senata, s katerimi se postopek obravnave druge zahteve konča, ni pravnih sredstev, lahko pa se uveljavlja sodno varstvo v upravnem sporu.

### 3. Obvezne evidence in poročila

- administrative control be carried out subject to the authority of the ministry responsible for health,
- an external professional audit be carried out in accordance with the regulations governing supervision in order to ensure due professionalism in the work of healthcare or allied professionals (a professional audit and counselling provided by the competent professional chamber or association bearing public authority to perform professional audits),
- a financial audit be performed by the Health Insurance Institute of Slovenia,
- disciplinary or other proceedings be initiated against the responsible employees of the healthcare service provider.

(4) Within 30 days of receiving the decision of the panel regarding the initiation of disciplinary or other proceedings against responsible employees, the healthcare service provider shall decide whether to abide by the proposal or reject it with a substantiated justification sent to the panel and the patient.

(5) If the second request is upheld, the decision shall unambiguously stipulate the manner of and the deadline for remedying the violation, considering the nature of the violation, and include the resolution on the costs of proceedings.

(6) The decisions referred to in this Article shall be served on the parties in the dispute and the patients' rights advocate within eight days of the hearing at the latest.

### **Article 79**

#### **(Finality of a decision of panels and legal remedies)**

(1) A panel's decision reached in a the second instance examination shall be final.

(2) No legal remedy shall exist against the decisions of a panel concluding a second request examination, but judicial protection may be sought in an administrative dispute.

### 3. Mandatory registers and reports

**80. člen**  
**(evidence in poročanje zastopnika)**

(1) Zastopniki so dolžni voditi evidenco o izvajanju nalog iz 49. člena tega zakona, ki vsebuje zlasti podatke o:

- vrsti nalog zastopnika, ki jih je opravil,
- vrsti domnevnih kršitev, ki jih je obravnaval,
- datumu prejema vlog pacientov,
- načinu rešitve vloge oziroma izvedbe nalog,
- datumu rešitve nalog zastopnika.

Javnost se z evidenco lahko seznanja le v anonimizirani obliki.

(2) Zastopnik pristojnemu pokrajinskemu organu, ministru, pristojnemu za zdravje, in Varuhu človekovih pravic najpozneje do 15. marca tekočega leta predloži redno letno poročilo za preteklo koledarsko leto.

(3) Poročilo zastopnika je dano v anonimizirani obliki in poleg statističnih podatkov vsebuje tudi splošne ugotovitve in priporočila na področju pacientovih pravic.

(4) Pristojni pokrajinski organ lahko od zastopnika kadarkoli zahteva izredno poročilo o njegovem delu.

**81. člen**  
**(evidence ministrstva, pristojnega za zdravje)**

(1) Za namen izvajanja varstva pacientovih pravic po tem zakonu in seznanjanja javnosti vodi ministrstvo, pristojno za zdravje, evidenco zastopnikov, evidenco predsednika in članov Komisije ter evidenco mediatorjev.

(2) Evidenca zastopnikov vsebuje naslednje podatke:

- osebno ime,

**Article 80**  
**(Patients' rights advocate registers and reports)**

(1) Patients' rights advocates shall be required to keep registers on the performance of the duties referred to in Article 49 of this Act, which shall include the following information:

- the type of duties performed by the patients' rights advocate,
- the type of alleged violations examined,
- the date of receipt of patients' requests,
- the manner of settlement of requests or tasks undertaken,
- the date tasks are performed.

The public may have access to the register only if personal data are removed therefrom.

(2) Patients' rights advocates shall submit a regular annual report for the past calendar year to the competent regional body, the minister responsible for health and the Human Rights Ombudsman by 15 March of each year at the latest.

(3) The reports of patients' rights advocates shall be provided without personal data and include statistical data as well as general findings and recommendations in the field of patients' rights.

(4) The competent regional body may require the patients' rights advocate to submit an extraordinary report at any time.

**Article 81**  
**(Registers of the ministry responsible for health)**

(1) For the purpose of enforcing patients' rights protection in accordance with this Act and informing the public thereof, the ministry responsible for health shall keep a register of patients' rights advocates, the president and members of the Commission and a register of mediators.

(2) The register of patients' rights advocates shall comprise the following:

- personal name,

- sedež in območje delovanja,
- datum in številka sklepa o imenovanju.

(3) Evidenca predsednika in članov Komisije vsebuje naslednje podatke:

- osebno ime,
- naslov prebivališča in drugi kontaktni podatki,
- vrsta in stopnja izobrazbe,
- organizacija oziroma organ, ki je predlagal imenovanje člana.

(4) Evidenca mediatorjev vsebuje naslednje podatke:

- osebno ime,
- naslov prebivališča in drugi kontaktni podatki,
- vrsta in stopnja izobrazbe,
- dokazilo o usposobljenosti za mediatorja.

(5) Evidence iz tega člena so javne, razen podatkov iz druge alineje tretjega odstavka in druge alineje prejšnjega odstavka.

## **82. člen** **(evidence in poročanje Komisije)**

(1) Za evidence obravnav druge zahteve se uporabljajo določbe predpisov, ki urejajo upravno poslovanje.

(2) Komisija mora ministru, pristojnemu za zdravje, in Varuhu človekovih pravic najpozneje do 15. marca tekočega leta predložiti redno letno poročilo za preteklo koledarsko leto. Poročilo Komisije je dano v anonimizirani obliki in poleg podatkov o svojih aktivnostih vsebuje tudi ugotovitve in priporočila na področju pacientovih pravic. Komisija lahko daje tudi pobude za izboljšanje stanja na področju varstva pacientovih pravic.

## **83. člen** **(nadzor nad delom zastopnika)**

(1) Nadzor nad delom zastopnika opravlja predstavniški organ

- seat and area of work,
- date and number of the decision on appointment.

(3) The register of the president and members of the Commission shall comprise the following:

- personal name,
- address and other contact details,
- type and level of education,
- organisation or body that proposed the member's appointment.

(4) The register of mediators shall comprise the following:

- personal name,
- address and other contact details,
- type and level of education,
- proof of mediation qualifications.

(5) The registers referred to in this Article shall be public, except for the data referred to in indent two of paragraph three and indent two of the preceding paragraph.

## **Article 82** **(Registers and reports of the Commission)**

(1) For registers on second request examinations, the provisions of the regulations on administrative operations shall apply.

(2) The Commission shall submit a regular annual report for the past calendar year to the competent regional body, the minister responsible for health and the Human Rights Ombudsman by 15 March of each year at the latest. The Commission's report shall be provided without personal data and include information on the activities undertaken as well as general findings and recommendations in the field of patients' rights. The Commission may also present initiatives aimed at improving conditions in the field of patients' rights protection.

## **Article 83** **(Supervision of the work of patients' rights advocates)**

(1) The work of patients' rights advocates shall be supervised

pokrajine.

(2) Na podlagi rednih poročil iz drugega odstavka 80. člena tega zakona in morebitnih pripomb pacientov nad delom zastopnika se nadzor nad delom zastopnikov izvede najmanj enkrat letno.

(3) Če predstavniški organ pokrajine pri izvrševanju svojih pristojnosti ugotovi, da zastopnik zaradi ugotovljenih napak pri delu ni vreden zaupanja, začne postopek za njegovo razrešitev. Pred odločanjem o razrešitvi ima zastopnik pravico odgovoriti na očitane kršitve.

#### **84. člen**

##### **(državno poročilo o stanju na področju varstva pacientovih pravic)**

(1) Ministrstvo, pristojno za zdravje, lahko od Zavoda za zdravstveno zavarovanje Slovenije in pristojnih zbornic zahteva, da mu do 15. marca tekočega leta predložijo statistično poročilo o izvajanju nadzora, za katere so pristojni na podlagi zakona, ki ureja zdravstveno dejavnost.

(2) Na podlagi analize poročil zastopnikov iz drugega odstavka 80. člena tega zakona, poročila Komisije iz drugega odstavka 82. člena tega zakona in poročil iz prejšnjega odstavka ministrstvo, pristojno za zdravje, pripravi poročilo o stanju na področju varstva pacientovih pravic, ki vsebuje zlasti:

- letno statistiko kršitev pacientovih pravic, uvedenih postopkov in rezultatov,
- letno statistiko aktivnosti zastopnikov ter
- oceno stanja na področju varstva pacientovih pravic s predlogi za izboljšanje.

(3) Poročilo iz prejšnjega odstavka ministrstvo, pristojno za zdravje, predloži Vladi Republike Slovenije v sprejetje najpozneje do 30. maja tekočega leta za preteklo koledarsko leto.

by the representative body of the region.

(2) On the basis of the regular reports referred to in paragraph two of Article 80 of this Act and any comments about the work of patients' rights advocates made by patients, supervision of the work of patients' rights advocates shall be conducted at least once every year.

(3) If during the discharge of its duties the representative body of a region establishes that a patients' rights advocate has become untrustworthy due to evident mistakes, the procedure for the removal thereof shall be initiated. Before any decision is taken on such removal, the patients' rights advocate shall have the right to respond to the alleged violations.

#### **Article 84**

##### **(National report on the state of patients' rights protection)**

(1) The ministry responsible for health may require the Health Insurance Institute of Slovenia and the competent professional chambers to submit statistical reports on the audits under their authority on the basis of the Act regulating healthcare service by 15 March of the current year.

(2) On the basis of the analysis of the reports of patients' rights advocates referred to in paragraph two of Article 80 of this Act, the report of the Commission referred to in paragraph two of Article 82 of this Act and the reports referred to in the preceding paragraph, the ministry responsible for health shall draft a report on the state of patients' rights protection, and provide in particular:

- annual statistical data on patients' rights violations, proceedings initiated and the results thereof,
- annual statistical data on the activities of patients' rights advocates, and
- an evaluation of the state of patients' rights protection, with recommendations for improvement.

(3) The report referred to in the preceding paragraph shall be submitted by the ministry responsible for health to the Government of the Republic of Slovenia by 30 May of the current year at the latest for the preceding calendar year.

(4) Redna letna poročila Komisije, redna letna poročila zastopnikov in sprejeto državno poročilo iz tega člena se objavljajo na spletni strani ministrstva, pristojnega za zdravje.

## VI. NADZOR

### **85. člen (nadzorni in prekrškovni organi)**

(1) Nadzor nad izvajanjem tega zakona opravljajo ministrstvo, pristojno za zdravje, inšpektorat, pristojen za zdravje, nosilec obveznega zdravstvenega zavarovanja, Informacijski pooblaščenec in inšpektorat, pristojen za kulturo in medije.

(2) Ministrstvo, pristojno za zdravje, nad določbami tega zakona izvaja upravni nadzor.

(3) Nadzor nad določbami četrtega odstavka 14. člena, prvega in osmega odstavka 14.b člena, prvega, drugega, tretjega, šestega, sedmega, osmega in devetega odstavka 15. člena, drugega in tretjega odstavka 15.a člena, prvega, tretjega in četrtega odstavka 15.b člena, 15.c in 15.č člena, četrtega odstavka 16. člena, 18. člena, prvega odstavka 20. člena, 23. člena, drugega in tretjega odstavka 24. člena, 25. člena, drugega, petega, šestega in sedmega odstavka 26. člena, 27. člena, četrtega odstavka 30. člena, tretjega, četrtega, petega, šestega in sedmega odstavka 31.a člena, četrtega odstavka 34. člena, petega in sedmega odstavka 35. člena, četrtega, petega in šestega odstavka 49. člena, drugega odstavka 56. člena, 57. in 58. člena, četrtega odstavka 60. člena, prvega in petega odstavka 61. člena, drugega, petega in šestega odstavka 62. člena, prvega odstavka 63. člena, šestega odstavka 69. člena, 77. člena in drugega odstavka 78. člena tega zakona opravlja inšpektorat, pristojen za zdravje.

(4) Nadzor nad določbami 44., 45. in 46. člena, drugega odstavka 63. člena in 68. člena tega zakona izvaja Informacijski pooblaščenec.

(4) The regular annual reports of the Commission, the regular annual reports of patients' rights advocates, and the national report referred to in this Article shall be published on the website of the ministry responsible for health.

## VI. SUPERVISION

### **Article 85 (Supervision and minor offence authorities)**

(1) The implementation of this Act shall be supervised by the ministry responsible for health, the inspectorate competent for health, the provider of compulsory health insurance, the Information Commissioner and the inspectorate competent for culture and the media.

(2) The ministry responsible for health shall perform administrative supervision of the provisions of this Act.

(3) The implementation of the provisions of paragraph four of Article 14, paragraphs one and eight of Article 14b, paragraphs one, two, three, six, seven, eight and nine of Article 15, paragraphs two and three of Article 15a, paragraphs one, three and four of Article 15b, Articles 15c and 15č, paragraph four of Article 16, Article 18, paragraph one of Article 20, Article 23, paragraphs two and three of Article 24, Article 25, paragraphs two, five, six and seven of Article 26, Article 27, paragraph four of Article 30, paragraphs three, four, five, six and seven of Article 31a, paragraph four of Article 34, paragraphs five and seven of Article 35, paragraphs four, five and six of Article 49, paragraph two of Article 56, Articles 57 and 58, paragraph four of Article 60, paragraphs one and five of Article 61, paragraphs two, five and six of Article 62, paragraph one of Article 63, paragraph six of Article 69, Article 77 and paragraph two of Article 78 of this Act shall be supervised by the inspectorate responsible for health.

(4) The implementation of the provisions of Articles 44, 45 and 46, paragraph two of Article 63 and Article 68 of this Act shall be supervised by the Information Commissioner.

(5) Nadzor nad določbami 19. člena tega zakona izvaja inšpektorat, pristojen za kulturo in medije.

(6) Nadzor nad določbami petega odstavka 8. člena, 10., 14., 14.a, 14.b, 15., 15.a, 15.b, 15.c, 15.č in 25. člena tega zakona v mreži izvajalcev javne zdravstvene službe izvaja nosilec obveznega zdravstvenega zavarovanja. Nadzor nosilca obveznega zdravstvenega zavarovanja je omejen na nadzor za vse zdravstvene storitve, ki so predmet pogodbe med izvajalcem zdravstvene dejavnosti in nosilcem obveznega zdravstvenega zavarovanja.

(7) Organi iz tretjega, četrtega in petega odstavka tega člena so tudi prekrškovni organi po tem zakonu.

## VII. KAZENSKÉ DOLOČBE

### **86. člen**

#### **(izvedba zdravstvene obravnave brez privolitve pacienta)**

(1) Z globo od 4.100 do 100.000 eurov se kaznuje za prekršek pravna oseba, ki opravlja zdravstveno dejavnost, zdravstveni delavec, ki opravlja zdravstveno dejavnost na podlagi koncesije, ali zdravstveni delavec, ki brez koncesije samostojno opravlja zdravstveno dejavnost, če izvede medicinski poseg ali druga dejanja v postopkih zdravljenja in rehabilitacije brez privolitve pacienta (drugi odstavek 26. člena tega zakona).

(2) Z globo od 100 do 2.000 eurov se za prekršek iz prejšnjega odstavka kaznuje odgovorna oseba pravne osebe.

### **87. člen** **(druge kršitve)**

(5) The implementation of the provisions of Article 19 of this Act shall be supervised by the inspectorate responsible for culture and the media.

(6) In the public healthcare network, the implementation of the provisions of paragraph five of Article 8, and Articles 10, 14, 14a, 14b, 15, 15a, 15b, 15c, 15č and 25 of this Act shall be supervised by the provider of compulsory health insurance. Supervision carried out by the provider of compulsory health insurance shall be limited to supervision over all healthcare services subject to the agreement concluded between the healthcare service provider and the provider of compulsory health insurance.

(7) The bodies referred to in the third, fourth and fifth paragraphs of this Article shall act also as minor offence authorities in accordance with this Act.

## VII. PENALTY PROVISIONS

### **Article 86**

#### **(Provision of medical treatment without the patient's consent)**

(1) Legal persons providing healthcare services, healthcare professionals providing healthcare services based on a concession or healthcare professionals providing healthcare services independently without a concession shall be fined from EUR 4,100 to EUR 100,000 for the minor offence of performing medical procedures or any other acts during treatment and rehabilitation without the patient's consent (paragraph two of Article 26 of this Act).

(2) The responsible person of the legal person shall be fined from EUR 100 to EUR 2,000 for the minor offence referred to in the preceding paragraph.

### **Article 87** **(Other minor offences)**

(1) Z globo od 400 do 4.100 eurov se kaznuje za prekršek pravna oseba, ki opravlja zdravstveno dejavnost, če:

- pacienta ne uvrsti na čakalni seznam v skladu s prvim odstavkom 14.b člena tega zakona,
- ne ravna v skladu z osmim odstavkom 14.b člena tega zakona,
- ne vodi čakalnega seznama v skladu s prvim in tretjim odstavkom 15. člena tega zakona,
- ne vodi naročilne knjige v skladu z drugim odstavkom 15. člena tega zakona,
- ne hrani podatkov pet let od izvedbe zdravstvene storitve oziroma črtanja s čakalnega seznama ali ne zagotovi sledljivosti spremembe podatka v skladu s sedmim odstavkom 15. člena tega zakona,
- ne hrani podatkov pet let od izvedbe zdravstvene storitve oziroma črtanja s čakalnega seznama ali ne zagotovi sledljivosti spremembe podatka v skladu s sedmim odstavkom 15. člena tega zakona,
- pacientu ne omogoči seznanitve s čakalnim seznamom v skladu z osmim odstavkom 15. člena tega zakona,
- pacientu ne omogoči seznanitve z naročilno knjigo v skladu z devetim odstavkom 15. člena tega zakona,
- v nasprotju z desetim odstavkom 15. člena tega zakona opravi zdravstveno ali zobozdravstveno storitev pacientu, ki ni uvrščen na čakalni seznam,
- ne zagotovi naročanja v skladu z drugim odstavkom 15.a člena tega zakona,
- ne določi pooblaščenih oseb v skladu s prvim odstavkom 15.b člena tega zakona,
- ravna v nasprotju s prvim, tretjim in četrtem odstavkom 15.c člena tega zakona,
- ne zagotavlja obveznih objav v skladu s prvim odstavkom 15.č člena tega zakona,
- izvajalec ne sporoča podatkov v skladu s četrtem odstavkom 16. člena tega zakona,
- pacient ne prejme izvida v skladu z drugim odstavkom 18. člena tega zakona,
- ne zagotovi sporazumevanja v skladu z 19. členom tega zakona,
- na vidnem mestu ne objavi podatkov iz drugega odstavka 23. člena

(1) Legal persons providing healthcare services shall be fined from EUR 400 to EUR 4,100 for the minor offence of:

- failing to place a patient on a waiting list in accordance with paragraph one of Article 14b of this Act,
- failing to act in accordance with paragraph eight of Article 14b of this Act,
- failing to keep waiting lists in accordance with paragraphs one and three of Article 15 of this Act,
- failing to keep an appointment register in accordance with paragraph two of Article 15 of this Act,
- failing to keep data for five years after the provision of a healthcare service or withdrawal from a waiting list, or failing to ensure the traceability of data changes in accordance with paragraph seven of Article 15 of this Act,
- failing to keep data for five years after the provision of a healthcare service or withdrawal from a waiting list, or failing to ensure the traceability of data changes in accordance with paragraph seven of Article 15 of this Act,
- failing to enable a patient access to a waiting list in accordance with paragraph eight of Article 15 of this Act,
- failing to enable a patient access to an appointment register in accordance with paragraph nine of Article 15 of this Act,
- providing healthcare or dental healthcare services to a patient not placed on a waiting list in violation of paragraph ten of Article 15 of this Act,
- failing to ensure appointment forms in accordance with paragraph two of Article 15a of this Act,
- failing to designate a responsible person in accordance with paragraph one of Article 15b of this Act,
- acting contrary to paragraphs one, three and four of Article 15c of this Act,
- failing to ensure obligatory publications in accordance with paragraph one of Article 15č of this Act,
- failing to report data in accordance with paragraph four of Article 16 of this Act,
- failing to provide a patient with results in accordance with paragraph two of Article 18 of this Act,
- failing to ensure communication in accordance with Article 19 of this Act,
- failing to publish data in a prominent place in accordance with

- tega zakona,
- zdravstveni delavec, ki ima neposreden stik s pacientom, na vidnem mestu ne objavi navedb iz tretjega odstavka 23. člena tega zakona,
- nima na voljo pisnih informacij iz drugega odstavka 24. člena tega zakona,
- ob odpustu pacient ne dobi pisnega poročila v skladu s tretjim odstavkom 24. člena tega zakona,
- ne ravna v skladu s 25. členom tega zakona,
- se privolitev ne dokumentira na privolitvenem obrazcu v skladu s 27. členom tega zakona,
- se zavrnitev ne dokumentira na obrazcu v skladu s četrtem odstavkom 30. člena tega zakona,
- če ne izvaja posebnega varovalnega ukrepa v skladu s tretjim in šestim odstavkom 31.a člena tega zakona, če posebni varovalni ukrep izvaja dlje časa, kot je to določeno v četrtem in petem odstavku 31.a člena tega zakona oziroma ne ravna v skladu s sedmim odstavkom 31.a člena tega zakona,
- se privolitev v medicinski poseg oziroma zdravstveno obravnavo ne opravi v skladu s petim ali sedmim odstavkom 35. člena tega zakona,
- ob ugotovljenem ali sporočenem primeru nedovoljene obdelave osebnih podatkov ne ukrepa v skladu s 46. členom tega zakona,
- ne odgovori zastopniku v skladu s četrtem odstavkom 49. člena tega zakona,
- zastopniku ne pošlje zahtevanih pojasnil in informacij iz petega odstavka 49. člena tega zakona,
- ne omogoči zastopniku dostopa do podatkov v skladu s šestim odstavkom 49. člena tega zakona,
- pacienta ne seznanj s pravico in postopkom vložitve zahteve za prvo obravnavo kršitve pacientovih pravic v skladu z drugim odstavkom 56. člena tega zakona,
- ne določi pristojne osebe v skladu s 57. členom tega zakona,
- ne objavi podatkov v skladu z 58. členom tega zakona,
- pisne zahteve ne obravnava v skladu s četrtem odstavkom 60. člena tega zakona,
- po prejemu prve zahteve ne ravna v skladu s prvim odstavkom 61. člena tega zakona,
- pacienta v vabilu na ustno obravnavo ne opozori na pravne posledice

- paragraph two of Article 23 of this Act,
- a healthcare professional in direct contact with a patient failing to publish in a prominent place the indication referred to in paragraph three of Article 23 of this Act,
- not ensuring access to the written information referred to in paragraph two of Article 24 of this Act,
- failing to provide a patient, upon discharge from hospital, a written report in accordance with paragraph three of Article 24 of this Act,
- failing to act in accordance with Article 25 of this Act,
- failing to document consent on a consent form in accordance with Article 27 of this Act,
- failing to document a refusal on a form in accordance with paragraph four of Article 30 of this Act,
- failing to implement a special safety measure in accordance with paragraphs three and six of Article 31a of this Act, if they use the special safety measure for a longer period of time than determined in paragraphs four and five of Article 31a of this Act, or if they act contrary to paragraph seven of Article 31a of this Act,
- not obtaining consent for a medical procedure or medical treatment in accordance with paragraphs five or seven of Article 35 of this Act,
- failing, upon an established or communicated case of unauthorised processing of personal data, to act in accordance with Article 46 of this Act,
- failing to respond to a patients' rights advocate in accordance with paragraph four of Article 49 of this Act,
- failing to submit the required explanation and information to a patients' rights advocate in accordance with paragraph five of Article 49 of this Act,
- failing to enable a patients' rights advocate to access information in accordance with paragraph six of Article 49 of this Act,
- failing to inform a patient of his or her right to and the procedure for filing a request for a first examination of a patients' rights violation in accordance with paragraph two of Article 56 of this Act,
- failing to designate the responsible person in accordance with Article 57 of this Act,
- failing to publish information in accordance with Article 58 of this Act,
- failing to examine a written request in accordance with paragraph four of Article 60 of this Act,
- failing, upon receipt of a first request, to act in accordance with paragraph one of Article 61 of this Act,
- failing to inform a patient in an invitation to an oral hearing of the



- neopravičenega izostanka z obravnave v skladu s petim odstavkom 61. člena tega zakona,
- o poteku ustne obravnave ne sestavi zapisnika v skladu z drugim, petim in šestim odstavkom 62. člena tega zakona,
  - pristojna oseba najbližjemu zastopniku ne posreduje anonimiziranih zapisnikov ali pisnih zaznamkov v skladu s prvim odstavkom 63. člena tega zakona oziroma če gradiva, ki je nastalo v zvezi z zahtevo, ne hrani v skladu z drugim odstavkom 63. člena tega zakona,
  - ne omogoči dostopa do dokumentarnega gradiva v skladu z 68. členom tega zakona,
  - se ne udeleži pripravljalnega naroka v skladu s šestim odstavkom 69. člena tega zakona,
  - če ne izvede internega strokovnega nadzora v skladu s 77. členom tega zakona ali ukrepov, ki mu jih je naložil senat v skladu z drugim odstavkom 78. člena tega zakona.

(2) Z globo od 400 do 2.100 eurov se za prekršek iz prejšnjega odstavka kaznuje samostojni podjetniki posamezniki ali posamezniki, ki samostojno opravljajo zdravstveno dejavnost.

(3) Z globo od 100 do 1.000 eurov se za prekršek iz prvega odstavka tega člena kaznuje odgovorno oseba pravne osebe in odgovorna oseba samostojnega podjetnika posameznika ali posameznika, ki samostojno opravljajo zdravstveno dejavnost.

#### **87.a člen** **(višina globe v hitrem postopku)**

Za prekrške iz tega zakona se lahko v hitrem postopku izreče globa v znesku, ki je višji od najnižje predpisane globe, določene s tem zakonom.

### VIII. PREHODNE IN KONČNE DOLOČBE

#### **88. člen** **(rok za uskladitev z zakonom)**

- legal consequences of unjustified absence in accordance with paragraph five of Article 61 of this Act,
- failing to keep record of an oral hearing in accordance with paragraphs two, five and six of Article 62 of this Act,
  - a responsible person failing to provide anonymous minutes or a notice to the closest patients' rights advocate in accordance with paragraph one of Article 63 of this Act or failing to keep all the material related to a request as determined by paragraph two of Article 63 of this Act,
  - failing to allow access to documents in accordance with Article 68 of this Act,
  - failing to attend a preliminary hearing in accordance with paragraph six of Article 69 of this Act,
  - failing to conduct an internal professional audit in accordance with Article 77 of this Act, or failing to adopt measures ordered by the decision of a panel in accordance with paragraph two of Article 78 of this Act.

(2) Sole traders or individuals who independently provide healthcare services shall be fined from EUR 400 to EUR 2,100 for the minor offences referred to in the preceding paragraph.

(3) The responsible person of a legal person and the responsible person of a sole trader or individual who independently provides healthcare services shall be fined from EUR 100 to EUR 1,000 for the minor offences referred to in paragraph one of this Article.

#### **Article 87a** **(Fines in expedited proceedings)**

For minor offences under this Act that are dealt with in expedited proceedings, the issued fines may exceed the lowest possible fine determined by this Act.

### VIII. TRANSITIONAL AND FINAL PROVISIONS

#### **Article 88** **(Deadline for harmonisation with this Act)**

Izvajalci zdravstvene dejavnosti morajo uskladiti svoje delovanje z določbami tega zakona v šestih mesecih po njegovi uveljavitvi.

### **89. člen (opravljanje nalog zastopnika)**

(1) Do imenovanja zastopnikov v skladu s 50. členom tega zakona zastopnike imenuje in razrešuje Vlada Republike Slovenije. Za zastopnika je lahko imenovana oseba, ki izpolnjuje pogoje iz šestega, sedmega in osmega odstavka 50. člena tega zakona.

(2) Javni poziv za predlaganje kandidatov se objavi v dnevnem časopisju in na spletni strani ministrstva, pristojnega za zdravje. Kandidate predlagajo nevladne organizacije ali društva, ki delujejo na področju zdravstva ali varstva potrošnikov, območni sveti Zavoda za zdravstveno zavarovanje Slovenije in občinski sveti občin. Podrobnejši način in postopek izbire na podlagi javnega poziva določi Vlada Republike Slovenije v javnem pozivu.

(3) Zastopnik se imenuje za vsako območje, ki ga pokriva območni Zavod za zdravstveno varstvo. Ne glede na prejšnjo določbo, se imenuje za območje, ki ima od vključno 300.000 do vključno 450.000 prebivalcev, dva zastopnika in za območje, ki ima nad 450.000 prebivalcev, tri zastopnike.

(4) Mandat zastopnikov traja do imenovanja zastopnikov v skladu z 50. členom tega zakona, vendar ne več kot pet let. Zastopnik je lahko ponovno imenovan.

(5) Vlada Republike Slovenije lahko predčasno razreši zastopnika, če:

- to sam zahteva,
- trajno izgubi sposobnost za opravljanje svojega dela,

Healthcare service providers shall harmonise their activities with the provisions of this Act within six months of its entry into force.

### **Article 89 (Performance of the duties of a patients' rights advocate)**

(1) Until the appointment of patients' rights advocates in accordance with Article 50 of this Act, patients' rights advocates shall be appointed and relieved of duties by the Government of the Republic of Slovenia. Only persons fulfilling the conditions referred to in paragraphs six, seven and eight of Article 50 of this Act may be appointed as patients' rights advocates.

(2) A public call for proposals of candidates shall be published in daily newspapers and on the website of the ministry responsible for health. Candidates shall be proposed by non-governmental organisations or societies operating in the field of health or consumer protection, regional councils of the Health Insurance Institute of Slovenia and municipal councils. The method and selection procedure based on a public call for proposals of candidates shall be defined in greater detail by the Government of the Republic of Slovenia in the call for proposals.

(3) Patients' rights advocates shall be appointed to serve in a particular area covered by the regional Institute for healthcare. Regardless of the preceding provision, regions with 300,000 up to and including 450,000 inhabitants shall appoint two patients' rights advocates, and regions with over 450,000 inhabitants shall appoint three patients' rights advocates.

(4) The term of patients' rights advocates shall last until the appointment of patients' rights advocates in accordance with Article 50 of this Act, but not exceeding five years. Patients' rights advocates may stand for reappointment.

(5) The Government of the Republic of Slovenia may relieve a patients' rights advocate of duties if he or she:

- requests to be relieved of duties,
- becomes permanently incapable of performing duties,

- če zaradi ugotovljenih napak pri delu ni vreden zaupanja,
- če ne izpolnjuje več pogojev za opravljanje nalog,
- nastopi funkcijo ali delo iz sedmega odstavka 50. člena tega zakona.

(6) Zastopnik je upravičen do nagrade za svoje delo in povračila dejanskih stroškov dela. Merila za določitev nagrade in višino nagrade določi minister, pristojen za zdravje. Potrebna sredstva za delovanje zastopnikov zagotavlja proračun Republike Slovenije.

(7) Zastopnik opravlja svoje delo nepoklicno. Pri svojem delu je neodvisen in samostojen, pri svojem delu ravna častno, pošteno in dobronamerno. Sedež zastopnika je na območnem Zavodu za zdravstveno varstvo.

(8) Za izvajanje nadzora nad delom zastopnika se smiselno uporabljajo določbe četrtega odstavka 80. člena in 83. člena tega zakona in ga opravlja ministrstvo, pristojno za zdravje.

(9) Strokovno in administrativno tehnično pomoč zastopniku zagotavlja območni Zavod za zdravstveno varstvo, sredstva zanjo pa se zagotavljajo iz proračuna Republike Slovenije.

#### **90. člen**

##### **(rok za sprejetje podzakonskih predpisov ter za imenovanje predsednika in članov Komisije ter zastopnikov)**

(1) Minister, pristojen za zdravje, izda podzakonske predpise iz tega zakona v šestih mesecih po uveljavitvi tega zakona.

(2) Komisija izda poslovnik iz osmega odstavka 64. člena tega zakona v enem mesecu od imenovanja.

- becomes untrustworthy due to evident mistakes,
- fails to meet the criteria for performing duties,
- assumes any of the offices or positions referred to in paragraph seven of Article 50 of this Act.

(6) patients' rights advocates shall be entitled to remuneration for work and reimbursement of actual costs. The criteria for determining the remuneration and the amount thereof shall be defined by the minister responsible for health. The funds required for the operations of patients' rights advocates shall be provided from the budget of the Republic of Slovenia.

(7) Patients' rights advocates shall perform their duties non-professionally. They shall act independently, with respect for the principles of honour, fairness and good faith. Patients' rights advocates shall be based at the regional unit of the National Institute of Public Health.

(8) In order to ensure supervision of the work of patients' rights advocates, the provisions of paragraph four of Article 80 and Article 83 of this Act shall apply *mutatis mutandis*, and supervision shall be carried out by the ministry responsible for health.

(9) The regional unit of the National Institute of Public Health shall provide professional and administrative technical assistance to patients' rights advocates, whereas the funds therefor shall be provided from the budget of the Republic of Slovenia.

#### **Article 90**

##### **(Deadline for the adoption of implementing regulations and the appointment of the president and members of the Commission and patients' rights advocates)**

(1) The minister responsible for health shall issue the implementing regulations referred to in this Act within six months of the entry into force of this Act.

(2) The Commission shall issue the rules of procedure referred to in paragraph eight of Article 64 of this Act within one month of appointment.

(3) Vlada Republike Slovenije imenuje predsednika Komisije in zastopnike iz 89. člena tega zakona v petih mesecih od dneva uveljavitve tega zakona. Minister, pristojen za zdravje, imenuje člane Komisije v petih mesecih od dneva uveljavitve tega zakona.

**91. člen**  
**(prenehanje veljavnosti drugih predpisov)**

(1) Z dnem uveljavitve tega zakona prenehajo veljati določbe 47., 48. in 50. člena, tretjega odstavka 51. člena, 77. člena ter 7. in 8. točke prvega odstavka 89. člena Zakona o zdravstveni dejavnosti (Uradni list RS, št. 23/05 – prečiščeno besedilo) ter določbe 47. člena, drugega odstavka 52. člena in 8. točke 81. člena Zakona o zdravniški službi (Uradni list RS, št. 72/06 – prečiščeno besedilo), ki pa se uporabljajo do začetka uporabe tega zakona.

(2) Z dnem uveljavitve tega zakona preneha veljati Pravilnik o naročanju na specialistični pregled (Uradni list RS, št. 72/2000).

**92. člen**  
**(uveljavitev in uporaba zakona)**

Ta zakon začne veljati petnajsti dan po objavi v Uradnem listu Republike Slovenije, uporabljati pa se začne šest mesecev po njegovi uveljavitvi, razen določb 16. in 17. člena tega zakona, ki se začneta uporabljati eno leto po uveljavitvi tega zakona.

(3) The Government of the Republic of Slovenia shall appoint the president of the Commission and patients' rights advocates referred to in Article 89 of this Act within five months of the entry into force of this Act. The minister responsible for health shall appoint the members of the Commission within five months of the entry into force of this Act.

**Article 91**  
**(End of the validity of other regulations)**

(1) On the day this Act enters into force, the provisions of Articles 47, 48 and 50, paragraph three of Article 51, Article 77 and points 7 and 8 of paragraph one of Article 89 of the Health Services Act (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 23/05 – official consolidated text) and the provisions of Article 47, paragraph two of Article 52 and point 8 of Article 81 of the Medical Practitioners Act (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 72/06 – official consolidated text) shall cease to be in force, but shall apply until the date of application of this Act.

(2) On the day this Act enters into force, the Rules on Making Appointments for a Specialist Examination shall cease to be in force (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 72/2000).

**Article 92**  
**(Entry into force and application of this Act)**

This Act shall enter into force on the fifteenth day following its publication in the Official Gazette of the Republic of Slovenia, and shall apply six months after its entry into force, with the exception of the provisions of Article 16 and 17 thereof, which shall apply one year after its entry into force.