Text consolidated by Valsts valodas centrs (State Language Centre) with amending laws of:

15 December 2011 [shall come into force on 1 January 2011];

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10 January 2013 [shall come into force on 13 February 2013];

12 September 2013 [shall come into force on 1 January 2014];

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17 March 2022 [shall come into force on 13 April 2022];

16 June 2022 [shall come into force on 23 June 2022];

5 April 2023 [shall come into force on 19 April 2023];

26 October 2023 [shall come into force on 1 January 2024];

9 November 2023 [shall come into force on 1 July 2024];

13 June 2024 [shall come into force on 12 July 2024].

If a whole or part of a section has been amended, the date of the amending law appears in square brackets at the end of the section. If a whole section, paragraph or clause has been deleted, the date of the deletion appears in square brackets beside the deleted section, paragraph or clause.

The *Saeima*1 has adopted and

the President has proclaimed the following law:

**Law on the Rights of Patients**

**Section 1. Terms Used in this Law**

(1) Terms used in this Law correspond to those terms used in the Medical Treatment Law unless otherwise provided for in this Law.

(2) The following terms are also used in this Law:

1) **attending physician** – a medical practitioner who, in a specific episode of medical treatment and according to his or her competence, heads the medical treatment of a patient, takes decisions related to the medical treatment of the patient and is responsible for the justification, purposefulness, continuity, quality, and results of the medical treatment of the patient;

2) **informed consent** – the consent of a patient to medical treatment which he or she gives in oral or written form, or by such activities which explicitly certify the consent, moreover, it is given freely on the basis of the information provided by a medical practitioner in a timely manner on the objectives, risks, consequences and methods used for medical treatment;

3) **clinical training** – training of a person who has acquired medical education or qualification in accordance with a State accredited educational programme in a medical treatment institution which has been granted the appropriate rights in accordance with laws and regulations;

4) **medical documents** – any information recorded in writing, radiodiagnostic films or in electronic form on a patient, his or her state of health, the diagnosis and prognosis of the illness, the preventive, diagnostic and medical treatment methods used, and the results of diagnosis and medical treatment;

5) **health care service** – a service which is provided by a medical practitioner to a patient within the framework of health care to achieve a specific medical treatment objective;

6) **provider of a health care service** – a medical treatment institution, a medical practitioner, or a medical treatment support person who is directly or indirectly related to the health care process of a patient.

[*13 June 2024*]

**Section 2. Purpose of this Law**

The purpose of this Law is to promote favourable relationships between a patient and the provider of health care services, facilitating active participation of the patient in his or her health care, as well as to provide him or her with an opportunity to implement and protect his or her rights and interests.

**Section 3. General Provisions**

(1) The rights of patients shall be exercised in accordance with this Law insofar as other laws do not provide otherwise.

(2) When ensuring the rights of patients, differential treatment based on a person’s race, ethnic origin, skin colour, gender, age, disability, state of health, religious, political or other persuasion, national or social origin, property or marital status or other circumstances is prohibited. Differential treatment shall include the direct or indirect discrimination of a person, harassment of a person or an implication to discriminate him or her.

(3) Differential treatment related to any of the circumstances referred to in Paragraph two of this Section shall only be acceptable in such cases if such treatment is objectively justified with a legal purpose, for the achievement of which the selected means are commensurate.

(4) It is prohibited to punish a patient or otherwise directly or indirectly cause him or her unfavourable circumstances if the patient is protecting his or her rights.

(5) A patient and his or her relatives have the right to receive mental care which, in accordance with the laws and regulations governing the activities of chaplain services and religious organisations, shall be provided by the chaplain of a medical treatment institution.

(6) Health care against the will of a patient shall not be permissible, if not otherwise specified by the Law.

(7) A medical treatment institution has the obligation to promote the respect for rights of patients in a systemic and systematic manner and to ensure the protection and implementation of rights of patients in every health care situation. An in-patient medical treatment institution and a multi-profile outpatient institution shall develop a plan for the implementation of rights of patients and ensure the execution thereof.

[*13 June 2024* / *Paragraph seven shall come into force on 1 July 2025.* *See Paragraph 7 of Transitional Provisions*]

**Section 4. Right to Information on Health Care Services and Providers Thereof**

(1) A patient has the right to information on the opportunities for the receipt of health care services and the procedures for the payment for health care services. The head of a medical treatment institution shall be responsible for making this information publicly available in the medical treatment institution. Prior to commencing the provision of planned health care services, the provider of health care services shall be obliged to inform the patient of the planned costs of services and the payment procedures.

(2) The patient has the right to know the given name, surname, position, profession, and speciality of attending physicians and other medical practitioners involved in the health care process. When commencing the treatment, the attending physicians and medical practitioners involved in the health care process shall be obliged to inform the patient of their given name, surname, position, profession, and speciality.

[*13 June 2024*]

**Section 4.1 Right to Information on the Health of the Patient**

(1) The patient has the right to receive information on his or her health in a timely manner. This information shall be provided by the attending physician or other medical practitioners involved in the treatment according to their competence. The attending physician may only postpone the provision of information to the patient if he or she reasonably expects that the immediate provision of information could seriously endanger the life or health of the patient or other persons. Such information shall be provided to the patient as soon as possible.

(2) The patient has the right to receive information from the attending physician or other medical practitioners involved in the treatment according to their competence and to ask questions about his or her state of health, including the diagnosis of the disease, the plan for medical treatment, examination, and rehabilitation, the prognosis and consequences, the functional restrictions caused by the disease, and the opportunities for prophylaxis, and also the right to receive information, after examinations and surgical or other type of invasive intervention performed within the framework of medical treatment, on the results of the medical treatment, previously unforeseen outcomes of treatment, and the reasons for them.

(3) The patient shall be provided with information in a comprehensible manner, explaining medical terms and taking into account the age, state of health, maturity, and experience of the patient.

(4) The patient has the right, during medical treatment, after medical treatment or termination of any phase thereof (for example, discharge from a medical treatment institution), to receive information on the medical services provided to him or her and the justification for the termination of medical treatment, and also the results of diagnostic examinations and functional assessments (extracts, true copies, and copies) performed, instructions and recommendations in relation to further medical treatment and social services and, if necessary due to the state of health of the patient, to receive a referral to another medical treatment institution for the continuation of medical treatment.

(5) The medical treatment institution and the attending physician shall be obliged to immediately provide the patient with information on previously unforeseen outcomes of treatment, explaining reasons and further actions. The patient shall be provided with information on the remedies for protection of rights available in the respective situation.

(6) The patient has the right to refuse to receive the information referred to in this Section, except for the case where the disclosure of information is necessary for the protection of the life of another person. The patient shall express his or her refusal in oral or written form or by such activities that explicitly confirm this. The medical practitioner shall document the choice of the patient to refuse to receive the information.

(7) The patient has the right to indicate information on the person who is or has been authorised by the patient to take decisions related to medical treatment on behalf of the patient, and also the person who does not have the right to receive information on the patient or to take decisions related to the medical treatment of the patient on his or her behalf.

[*13 June 2024*]

**Section 5. Right to Medical Treatment**

(1) In accordance with the procedures specified in the Medical Treatment Law, each person has the right to receive medical treatment corresponding to the state of health.

(2) A patient has the right to a respectful attitude and qualitative and qualified medical treatment regardless of the nature and severity of his or her disease.

(3) A patient has the right to the support of his or her family and other persons during the medical treatment.

(4) A patient has the right to timely medical treatment. The medical treatment institution to which the patient has turned shall provide information on the opportunities and terms for the receipt of medical treatment and other medical treatment institutions where appropriate medical treatment may be received.

(5) A patient has the right to receive further medical treatment from all the medical treatment institutions involved in his or her medical treatment.

(6) If medical treatment opportunities are limited or if several types of medical treatment are permissible, a patient has the right to the professional choice of the physician which is based on the medical criteria supported by evidence.

(7) A patient has the right to such medical treatment which is provided only in the presence of those persons which are directly involved in medical treatment. The patient may consent to the presence of other persons during medical treatment or invite other persons if this does not interfere with the medical treatment and the conditions under which the medical treatment is provided allow for it.

(8) If a patient has suspended medical treatment and left a medical treatment institution without informing the attending physician or medical treatment institution of his or her actions, it shall be indicated in his or her medical documents. If the patient is a minor or a person who is not capable to look after himself or herself due to the state of health or age, the medical treatment institution shall immediately inform the authorised representative of the patient, but, if such does not exist, the lawful representative, spouse, the person in respect of whom the data determined in Section 11, Paragraph one, Clause 36 of the Law on the Register of Natural Persons has been included in the Register of Natural Persons in relation to the patient, or the closest relative, or, if such does not exist either, the Orphan’s and Custody Court. The medical treatment institution shall inform the competent authorities immediately if a patient is a threat to the safety or health of other persons due to his or her state of health.

(9) A patient has the right to treatment at home if his or her state of health and living conditions allow it.

[*17 March 2022; 9 November 2023; 13 June 2024*]

**Section 6. Consent to Medical Treatment or Refusal from It**

(1) Medical treatment shall be permitted if a patient has given informed consent thereto. The patient has the right to ask questions and receive answers prior to giving the informed consent.

(2) The informed consent shall be drawn up in writing if it is requested by the patient or attending physician.

(3) If the informed consent is given in writing, the patient shall approve it by his or her signature, indicating the date and time. The written consent shall be appended to his or her medical documents.

(4) A patient has the right to refuse from medical treatment prior to its commencement, from any method used in the medical treatment without refusing from the medical treatment at large, or to refuse from medical treatment during it.

(5) The attending physician shall inform the patient of the possible consequences of the decision referred to in Paragraph four of this Section. After receipt of the information provided by the attending physician, the patient shall, with his or her signature, confirm his or her decision to refuse from medical treatment or to suspend it, or to refuse from any method used in the medical treatment, indicating that he or she has received the relevant information. If the patient does not change his or her decision, it is the duty of the attending physician to encourage him or her to consult another physician.

(6) If the patient refuses to certify his or her refusal in writing, the attending physician shall invite two adult witnesses with capacity to act who shall certify with their signature that the patient has taken the decision referred to in Paragraph four of this Section.

(7) If a patient has authorised another person (hereinafter – the authorised person of the patient) to agree on his or her behalf to medical treatment at large or to any method used in the medical treatment or to refuse medical treatment at large or any method used in the medical treatment, and also to receive information in accordance with that laid down in Section 4 of this Law, the patient shall inform the medical treatment institution of such authorisation or make a relevant entry of authorisation in the unified electronic information system of the health sector.

[*1 November 2018* / *Amendment to Paragraph seven in respect to entry of authorisation in the unified electronic information system of the health sector shall come into force on 1 February 2022.* *See Paragraph 5 of Transitional Provisions*]

**Section 7. Right of Another Person to Agree to Medical Treatment or to Refuse from It**

(1) If a patient is unable to decide for himself or herself on medical treatment due to his or her state of health, the authorised person of the patient has the right to decide on medical treatment at large or any method used in the medical treatment or refusal from medical treatment at large or any method used in the medical treatment, but, if such does not exist, the spouse of the patient, the civil partner, or, if such does not exist, the closest adult relative with capacity to act in the following order: the children of the patient, the parents of the patient, the brother or sister of the patient, the grandparents of the patient or the grandchildren of the patient.

(2) When deciding on medical treatment or refusal from it, the spouse, the civil partner, the closest relative of the patient, the authorised person of the patient (hereinafter – the person representing the patient) shall respect the wish previously expressed by the patient in relation to medical treatment.

(3) If the closest relatives of the patient who have equal right to decide on behalf of the patient cannot agree on giving consent to medical treatment, the decision on medical treatment which would have the most favourable effect on the state of health of the patient shall be taken by the physiciansʼ council.

(4) The attending physician shall explain to the person representing the patient what consequences may be caused by the decision to refuse from medical treatment. After receipt of the information, the person representing the patient shall, by signing the medical document, confirm the decision to refuse from medical treatment or to suspend it, or to refuse from any method used in the medical treatment, indicating that he or she has received the relevant information.

(5) If the person representing the patient refuses to decide on the medical treatment of the patient, but the physician considers that medical treatment is in the interests of the patient, the decision on medical treatment shall be taken by the physiciansʼ council.

(6) If the person representing the patient refuses to confirm refusal in writing, the attending physician shall invite two adult witnesses with capacity to act who shall certify with their signature that the person representing the patient has taken the abovementioned decision. The refusal shall be appended to the medical documents of the patient.

(7) If a patient has not indicated the person who is entitled to consent to medical treatment or to refuse it on behalf of the patient, and the patient has no spouse, partner, closest relative or lawful representative or the patient has forbidden in writing the spouse, partner or closest relative from taking the decision on his or her behalf, the decision on medical treatment which would have the most favourable effect on the state of health of the patient shall be taken by the physiciansʼ council.

(8) In cases where a delay may endanger the life of the patient and it is not possible to receive the consent of the patient himself or herself or the person representing the patient, the medical practitioner shall take emergency measures within the scope of his or her competence – examination, medical treatment, including surgical or other type of invasive intervention. In such cases, an examination and medical treatment plan shall be approved and decision shall be taken by the physiciansʼ council, except where first aid or emergency medical care has to be provided.

(9) During surgical or other types of invasive intervention, the attending physician has the right to perform unplanned medical treatment without the informed consent of the patient if there is significant harm to the health or life of the patient, or a risk of occurrence thereof, or if the failure to perform the medical treatment could result in disproportionately greater damage to his or her health.

[*17 March 2022; 9 November 2023; 13 June 2024*]

**Section 8. Right to Choose a Physician and Medical Treatment Institution**

A patient has the right to choose a physician and medical treatment institution.

**Section 9. Right to Become Acquainted with Medical Documents**

(1) A patient has the right to become acquainted with his or her medical documents. He or she has the right to request and receive extracts, true copies and copies in conformity with the pricelist approved by the medical treatment institution. The patient has the right to receive an extract, true copy or copy of his or her medical documents once free of charge. Extracts, true copies and copies shall be received by the patient within three days from the date of the submission of the relevant request.

(2) A patient has the right to receive information on the use of the information included in his or her medical documents in accordance with that laid down in this Law and Article 15 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

(3) A patient may request the attending physician to make additions or corrections to medical documents if he or she justifiably regards that the information is inaccurate or incorrect. When making corrections to medical documents, the medical practitioner shall ensure the retaining of the incorrect information, updating it or supplementing it accordingly and informing the attending physician thereof.

(4) If medical documents of a patient include information on sensitive data of another person or information which has been provided by a third person but who has requested the non-disclosure thereof to the patient, the right of the patient to acquaint himself or herself with the medical documents shall be ensured insofar as it does not infringe the rights of the third person.

[*3 December 2020*]

**Section 10. Protection of Patient Data**

(1) Information which relates to an identified or identifiable patient shall be protected in accordance with the laws and regulations governing the protection of the data of natural persons.

(2) Information on a patient may only be disclosed with his or her written consent or in the cases specified in this Law.

(3) The information referred to in Paragraph one of this Section may not be disclosed even after the death of the patient.

(4) After death of a patient, information on this patient may only be disclosed to the persons referred to in Section 7, Paragraph one of this Law if:

1) the provision of the information may affect the life or health of the abovementioned persons or facilitate the provision of health care services thereto;

2) the information is related to the cause of death of the patient or medical treatment within the period before his or her death.

(5) Upon a written request and receipt of a written authorisation of the head of the medical treatment institution, information on the patient shall be provided to the following persons and authorities not later than five working days after receipt of the request:

1) to medical treatment institutions – for the achievement of the objectives of the medical treatment;

2) to the State Data Inspectorate – for the verification of the conformity of personal data processing with the requirements of laws and regulations;

3) to the State Labour Inspectorate – for the investigation and registration of accidents at work and occupational diseases;

4) [17 October 2013];

5) to the State Medical Commission for the Assessment of Health Condition and Working Ability – for the expert-examination of disability;

6) to the court, the Office of the Prosecutor, inspectors of the State protection of children’s rights, the Orphan’s and Custody Court, the State Probation Service, the Ombudsman, as well as the pretrial investigation institution – for the performance of the functions laid down by the Law;

7) [17 October 2013];

8) [17 October 2013];

9) to the reserve registration units of the National Armed Forces – for the evaluation of the state of health of reserve soldiers and reservists;

10) to the association *Latvijas transportlīdzekļu apdrošinātāju birojs* [Motor Insurers’ Bureau of Latvia], insurance companies which provide the mandatory civil legal liability insurance for owners of land vehicles – for the compensation of the losses suffered by a road traffic accident victim;

11) to the Ministry of Justice – for ensuring that a request to enforce a custodial sentence imposed in Latvia is sent to a foreign country;

12) to the Central Commission for Medical Expert-examination of the Ministry of the Interior – for the evaluation of compliance with service of the state of health of an official of an institution of the system of the Ministry of the Interior or the Latvian Prison Administration with a special service rank or a candidate for the office;

13) to medical treatment institutions of the National Armed Forces – for the evaluation of the state of health of soldiers and national guardsmen, recruits of the national defence service, and candidates for professional service and service in the National Guard;

14) to the employer of the employee who suffered in an accident at work – for the investigation of the accident at work in accordance with the laws and regulations governing the procedures for the investigation and recording of accidents at work;

15) to the State agency “Civil Aviation Agency”, certified aviation medical centre, certified aviation medical expert – in order to evaluate the conformity of the health condition of the civil aviation personnel, and also the person qualifying for the receipt of the health certificate of the civil aviation personnel with the requirements laid down in the laws and regulations governing the field of civil aviation;

16) to insurance companies – for taking the decision to disburse insurance compensation;

17) to the Latvian Medical Association, the Latvian Nurses Association and Union of Professional Organisations of Medical Practitioners of Latvia – for the evaluation of professional activity of a medical practitioner laid down in the laws and regulations governing certification of medical practitioners and for taking decisions;

18) to a social service office of a local government – for the provision of social care and social rehabilitation services to a client laid down in laws and regulations;

19) to providers of social services which provide these services with accommodation – for the provision of long-term social care and social rehabilitation services, and also group flat, boarding-house and other social services with accommodation;

20) to the Health Inspectorate – in order to examine the case of the Medical Treatment Risk Fund and to take the decision to disburse compensation from the Medical Treatment Risk Fund or to refuse to disburse it;

21) to the State Agency of Medicines – in order to examine a submission on the serious or moderately serious harm inflicted on the health or life of the patient as a result of adverse effects caused by the vaccine against COVID-19 and to take the decision to disburse compensation or to refuse to disburse it.

(51) Information shall be provided in accordance with the procedures laid down in the laws and regulations governing the field of health care to the following persons and authorities:

1) to the Centre for Disease Prevention and Control – for the acquisition, aggregation, processing and analysis of statistical information on public health and health care, for the epidemiological supervision of infectious diseases, supervision of the State organised cancer screening and quality control, and the processing of personal data for the purpose to transfer information to a statistical institution;

2) to the National Health Service – for the administration of the health care services paid from the State budget and supervision of the use of the State budget funds, processing of personal data in order to transfer the information to a statistical body, and also for the processing of the data of the patients injured in a road traffic accident and hospitalised in order to ensure unified recording of the data of persons severely injured in road traffic accidents and classification thereof in conformity with the third or highest degree (MAIS3+) requirements of the maximum abbreviated scale of injuries;

3) to the State Agency of Medicines – for ensuring the pharmacovigilance functions;

4) to the Health Inspectorate – for ensuring the performance of the supervisory functions of the health sector.

(52) The information accumulated in the health information system on a patient shall be processed in accordance with the procedures and in the amount laid down in the laws and regulations regarding the data to be processed in the health information system by:

1) medical practitioners and medical support persons – for the achievement of medical treatment objectives;

2) pharmacists and assistants to pharmacists – for ensuring pharmaceutical care;

3) the National Health Service – for the administration of health care services paid from the State budget, supervision of the use of the State budget funds, and for the maintenance of the health information system, and also for ensuring the State organised cancer screening;

4) the Health Inspectorate – for ensuring the performance of the supervisory functions of the health sector, for examining the case of the Medical Treatment Risk Fund and taking the decision to disburse compensation from the Medical Treatment Risk Fund or to refuse to disburse it;

5) the State Social Insurance Agency – for the administration of sick leave certificates issued in the health information system and for the compensation of additional expenditures arising from accidents at work or occupational diseases;

6) the State Labour Inspectorate – for the investigation and accounting of accidents at work and occupational diseases;

7) the State Medical Commission for the Assessment of Health Condition and Working Ability – for the determination of predictable disability and disability expert-examinations and loss of ability to work;

8) the Centre for Disease Prevention and Control – for the acquisition, aggregation, processing, and analysis of statistical information on public health and health care, for the epidemiological supervision of infectious diseases, for the organisation of prevention and counter-epidemic measures, for the supervision of the State organised cancer screening and quality control, and also for the processing of personal data for the purpose to transfer information to a statistical body;

9) the higher education institution which is implementing an accredited medical study programme and has obtained authorisation for the use of human body tissues and cells or organs – in order to find out the will of the deceased person expressed during his or her lifetime to prohibit or permit to use his or her body for medical studies after his or her death;

10) the Central Statistical Bureau – in order to ensure official statistics on permanent inhabitants in accordance with the official statistics programme and laws and regulations of the European Union in respect of ensuring the European statistics on determination of the number of permanent inhabitants which complies with the definition provided for in Article 2(c) of Regulation (EU) No 1260/2013 of the European Parliament and of the Council of 20 November 2013 on European demographic statistics;

11) the State Agency of Medicines – in order to examine a submission on the serious or moderately serious harm inflicted on the health or life of the patient as a result of adverse effects caused by the vaccine against COVID-19 and to take the decision to disburse compensation or to refuse to disburse it;

12) the Ministry of Defence – for the evaluation of the state of health of recruits of the national defence service.

(53) The persons and authorities referred to in Paragraph five of this Section shall indicate in the written request the justification why information on a patient has been requested, and also the necessary amount of data. The person and authority which has requested the information shall be responsible for the justification of the request of information and necessary amount of data.

(6) The lawful representative of a minor patient has the right to receive information on the state of health of this patient, except for that specified in Section 13 of this Law. Information shall not be provided to the lawful representative of the minor patient, if the disclosure of such information may harm the interests of the respective patient. The physician shall record the decision taken in the medical documents of the patient and inform the Orphan’s and Custody Court thereof.

(7) The patient data registered in medical documents may be used in a trial if one of the following conditions exists:

1) the patient cannot be directly or indirectly identified according to the information to be analysed;

2) the patient has consented in writing that the information on him or her may be used in the specific trial.

(8) The patient data registered in medical documents may also be used in a trial, without complying with the conditions referred to in Paragraph seven of this Section, if the following conditions exist concurrently:

1) the trial is being carried out in public interest;

2) a competent State administration institution has allowed the use of the patient data in the specific trial in accordance with the procedures specified by the Cabinet;

3) the patient has not previously prohibited the transfer of his or her data to a researcher in writing;

4) patient’s consent of the patient cannot be obtained with commensurate means;

5) the benefit of the trial for public health is commensurable with the restriction of the right to the inviolability of private life.

(81) The patient data registered in medical documents may be used for the development of research works provided for in the study programmes of the study direction “Health care” of an educational institution, also not complying with the provisions of Paragraph seven of this Section provided that there are the following provisions at the same time:

1) the research work has been developed in public interests within the framework of the first or second level professional, bachelor, residency, master’s and doctoral higher medical education study programmes;

2) patient’s consent cannot be obtained with commensurate means;

3) the benefit of the research work for public health is commensurable with the restriction of the right to the inviolability of private life;

4) the patient has not previously prohibited the transfer of his or her data for research purposes;

5) the Committee on Ethics has evaluated the conformity of the research work with Clauses 1, 2 and 3 of this Paragraph, approved the research protocol and permitted to use the patient’s data for the particular research work by assessing the conformity thereof with the principles of research ethics and requirements for the personal data protection, and also scientific and social value of the work.

(9) A medical treatment institution shall provide the information referred to in Paragraphs seven, eight and 8.1 of this Section for the needs of a trial, making a note thereon in medical documents.

(10) In order to ensure the rights and interests of a minor, the State Police, the municipality police, the State Children’s Rights Protection Inspectorate, the State Probation Service, the Orphan’s and Custody Court, the social service office, the medical practitioner of the social correction educational institution and the medical practitioner of a prison have the right, through the information system, to receive contact information of the general practitioner or paediatrician of the minor for the performance of the functions laid down in the laws and regulations governing its activity in cases when a justified necessity has arisen, but the information on the health of the minor cannot be obtained with the intermediation of parents or other legal representatives or from the minor himself or herself.

[*10 January 2013; 17 October 2013; 14 December 2017; 1 November 2018; 3 December 2020; 16 June 2022; 5 April 2023; 13 June 2024*]

**Section 11. Participation of Patient in Clinical Trial**

(1) A patient shall be involved in a clinical trial which has been approved in accordance with the procedures specified in the laws and regulations regarding clinical trials if his or her informed written consent has been received and the clinical trial is being carried out upon concurrent existence of the following conditions:

1) the foreseeable risk has been evaluated in relation to the anticipated benefit of the patient and other existing or future patients;

2) there is no alternative for the acquisition of a comparable effect in a different manner;

3) the medical benefit and benefit for the public health justifies the risk which might threaten the patient.

(2) If a patient is not able to express his or her wishes, the authorised person of the patient, the spouse of the patient, the partner, or the closest relatives of the patient have the right to consent to his or her participation in a clinical trial, confirming their consent in writing in accordance with the procedures specified in Section 7, Paragraph one of this Law, upon concurrent existence of that specified in Paragraph one, Clause 2 of this Section and the following conditions:

1) the results of the clinical trial may provide an actual and direct benefit to the health of the patient;

2) a trial which would provide a comparable effect cannot be carried out with patients who are able to express their wishes;

3) the patient has not expressed objections against his or her involvement in the clinical trial.

(3) If a patient is under guardianship or trusteeship and the conditions referred to in Paragraph one, Clause 2 and Paragraph two, Clauses 1 and 2 of this Section exist at the same time, a written consent to involvement of the patient in a clinical trial shall be given by his or her lawful representative, respecting wishes of the patient, or by the guardian together with the patient according to the scope of restriction of the capacity to act determined by the court. Consent to the involvement of a minor patient in a clinical trial shall be acquired in accordance with the procedures specified in Section 13 of this Law.

(4) Prior to involvement in a clinical trial, a patient shall be provided information on the relevant clinical trial, the purpose, methods, duration, anticipated benefit and risk thereof and the conditions for implementation of the clinical trial, and the right to withdraw from participation in the clinical trial at any time and other rights.

(5) If a patient is unable to express his or her wish, the information referred to in Paragraph four of this Section shall be provided to the person who has given consent to the involvement of the patient in the clinical trial.

(6) A patient or, if he or she is unable to express his or her wish, the person who has given consent to the involvement of the patient in the trial has the right to refuse the participation of the patient in the clinical trial and to terminate the participation therein at any time. Refusal to participate or termination of participation shall not adversely affect the attitude of the medical practitioner towards further medical treatment of the patient.

(7) The information acquired in clinical trials on the patient may be used if the relevant consent has been received from the patient or, if he or she is unable to express his or her wish, from the person who has given consent to the involvement of the patient in the trial, and the anonymity of the patient shall be guaranteed.

[*17 October 2013; 17 March 2022; 9 November 2023*]

**Section 12. Participation of Patient in Clinical Training Process**

(1) If a medical treatment institution or medical practitioner ensuring the medical treatment of a patient is involved in a clinical training process, the patient shall be informed thereof.

(2) A patient or, if he or she is unable to express his or her wish, the person who has given consent to the medical treatment of the patient has the right to refuse from participation in the clinical training process or to terminate participation therein at any time. Refusal to participate or termination of participation shall not adversely affect the attitude of the medical practitioner towards further medical treatment of the patient.

(3) The information acquired during the clinical training process on the patient may be used if the relevant consent has been received from the patient or, if he or she is unable to express his or her wish, from the person who has given consent to the involvement of the patient in training, and data protection of the patient or his or her anonymity is guaranteed.

**Section 13. Rights of Minor Patients**

(1) Medical treatment of a minor patient (up to the age of 14 years) shall be permissible if it is in his or her best interests and his or her lawful representative is informed thereof and has given his or her consent, except for the cases referred to in Section 7, Paragraphs eight and nine of this Law.

(2) Medical treatment of a minor patient (from the age of 14 years) shall be permissible if his or her consent has been received, except for the cases referred to in Section 7, Paragraphs eight and nine of this Law. A physician has the obligation to evaluate the maturity of the minor patient, his or her ability to provide information necessary for medical treatment, and his or her ability to give informed consent. If the physician determines that the minor patient lacks sufficient maturity, the informed consent for medical treatment shall be given by the lawful representative of the minor patient.

(21) The minor patient has the right to be heard and according to his or her age and maturity to participate in taking the decision related to the medical treatment. The opinion of the minor patient shall be given weight according to the maturity of the patient.

(3) If a minor patient (from the age of 14 years) refuses to give consent to medical treatment but the medical treatment is in his or her best interests or failure to perform the medical treatment can cause significant harm to his or her health or life, the consent for medical treatment shall be given by the lawful representative of the minor patient.

(4) Medical practitioners shall, according to their competence, provide a minor patient with information in a comprehensible manner, in particular taking into account the state of health, age, maturity, and experience of the patient. The minor patient (from the age of 14 years) has the right to refuse to receive such information, and the medical practitioner shall indicate such refusal in the medical documentation of the patient.

(5) The medical treatment institution shall be obliged to ensure that the lawful representative of a minor patient or another representative selected by the patient can be constantly present and provide support to the patient during medical treatment if the presence of the relevant representative does not interfere with the medical treatment and is permitted by the conditions under which the medical treatment is performed.

(6) During the treatment of a minor patient, the medical treatment institution shall, to the extent possible, ensure his or her physical and mental well-being, the right to education, creativity activity, and leisure activities according to his or her age. The medical treatment institution shall ensure an appropriate environment and take the necessary measures to implement such rights.

(7) The medical treatment institution shall ensure the right of a minor patient to express his or her opinion on health care, make suggestions and complaints. If the minor patient has expressed his or her opinion, made suggestions, or complaints orally but wishes for them to be drawn up in writing, the medical treatment institution shall draw them up in writing.

[*13 June 2024*]

**Section 14. Jurisdiction of Orphan’s and Custody Court**

(1) If the lawful representative of a minor patient refuses to give his or her consent to the commencement of medical treatment or the lawful representatives are unable to agree on the commencement of medical treatment, or the whereabouts of the lawful representative of the minor patient are unknown to the physician, but he or she deems that the commencement of medical treatment is in the interests of this patient, the consent to medical treatment may, on the basis of a motivated submission of the physician, be given by the Orphan’s and Custody Court within three working days after receipt of the motivated submission of the physician, except in the case referred to in Paragraph two of this Section.

(2) If the physician considers that medical treatment needs to be commenced immediately in the interests of the minor patient, but the lawful representative of the patient refuses to give his or her consent or if the lawful representatives are unable to agree on the commencement of medical treatment, or the whereabouts of the lawful representative of the minor patient are unknown to the physician, the decision on the commencement of medical treatment shall be taken by the physicians’ council. The physicians’ council shall inform the Orphan’s and Custody Court of the taken decision within three working days according to the jurisdiction specified in this Section.

(3) The consent to medical treatment of a minor patient shall be given by the Orphan’s and Custody Court of the local government in the operational territory of which the place of residence of both parents or guardian of the patient has been declared.

(4) If the place of residence of the parents of a minor patient has been declared in the administrative territories of different local governments, the Orphan’s and Custody Court in the operational territory of which the parent with whom the patient is living has the declared place of residence shall give the consent to his or her medical treatment.

(5) If the parents or guardian of a minor patient have no declared place of residence, the Orphan’s and Custody Court of the local government in the operational territory of which the parents or guardian of the patient actually live shall give consent to medical treatment of such patient.

(6) If sole custody of one parent has been established for a minor patient, the consent to his or her medical treatment shall be given by the Orphan’s and Custody Court in the operational territory of which the parent in whose sole custody is this patient has his or her declared place of residence.

(7) If the parents of a minor patient are not known or this patient is a foundling, consent to his or her medical treatment shall be given by the Orphan’s and Custody Court in the operational territory of which the respective patient has been found.

**Section 15. Obligations of Patient**

(1) A patient has the obligation to take care of his or her health.

(2) If the state of health of the patient allows it, he or she has the obligation to actively participate in medical treatment and to provide the attending physician with information within the limits of his or her abilities and knowledge:

1) which is necessary for ensuring medical treatment;

2) on his or her diseases which can endanger the life or health of other persons;

3) on previously provided consents and refusals in relation to medical treatment;

4) on any changes in the state of health which have occurred during medical treatment.

(21) If the patient does not know the official language and speaks a language that the medical practitioner does not understand, the patient shall ensure interpreting, except when this is not possible due to objective reasons.

(3) The internal rules of procedure of a medical treatment institution and the instructions of a medical practitioner are binding to the patient.

(4) When registering in a medical treatment institution or receiving medical treatment, a person shall, upon request of a medical practitioner, present a personal identification document, except when emergency medical care is provided to the patient and he or she is unable to present such document due to his or her state of health. The patient shall present the personal identification document as soon as it is possible.

(41) The patient or his or her lawful representative shall be obliged to cancel, in a timely manner, an appointment scheduled or confirmed previously if the patient cannot arrive to receive the health care service or if the patient no longer requires such health care service.

(5) The patient has the obligation to pay for the received health care services in accordance with the laws and regulations regarding the procedures for the organisation of and payment for health care or according to the price list of paid services approved by the medical treatment institution.

(6) When exercising his or her rights, the patient and the person representing the patient has the obligation to respect the rights of other patients and treat medical practitioners and other employees of the medical treatment institution with dignity.

(7) Paragraph four of this Section shall not apply to an arrested or convicted patient. The Cabinet shall determine the procedures by which a prison shall inform the medical treatment institution which is outside the prison of personal data of such arrested or convicted patient who has been admitted to this medical treatment institution, and of the medical treatment provided in the prison.

[*13 June 2024*]

**Section 16. Right to Compensation**

(1) A patient has the right to compensation for any harm (also moral harm) caused to his or her life or health by the medical practitioners working in the medical treatment institution through his or her acts or failure to act or by the conditions during medical treatment, and the right to compensation for expenses related to medical treatment (hereinafter – the medical expenses) if medical treatment had been necessary to eliminate or reduce the unfavourable consequences of the harm caused to the life or health of the patient by the medical practitioner or the conditions during medical treatment.

(2) A patient has the right to receive compensation from the Medical Treatment Risk Fund for the following:

1) harm (also moral harm) caused to his or her life or health – in the amount of the harm caused but not more than EUR 142 290;

2) [1 January 2014 / See Paragraph 3 of Transitional Provisions];

21) medical expenses caused to him or her – in the amount of the caused expenses but not more than EUR 28 460.

(3) The Cabinet shall determine the procedures by which compensation shall be requested from the Medical Treatment Risk Fund for the harm caused to the life or health of the patient and compensation for medical expenses and the procedures by which the amount of harm caused to the patient shall be evaluated, the decision to pay compensation shall be taken and compensation from the Medical Treatment Risk Fund shall be disbursed.

(4) A patient has the right to receive compensation from the Medical Treatment Risk Fund for the harm caused to his or her life or health and compensation for medical expenses regardless of whether the medical treatment institution has made the medical treatment risk contributions.

(5) A patient shall request compensation for the harm caused to his or her life or health and compensation for medical expenses from the Medical Treatment Risk Fund not later than within two years from the date when the harm has was detected, but not later than within three years from the date when it was caused. The compensation referred to in Paragraph two of this Section shall not be disbursed if the patient has already received compensation for the harm caused to his or her life or health and also compensation for medical expenses caused to him or her within the scope of civil or criminal proceedings.

(6) A claim of the patient to compensate the harm caused to his or her life or health and to compensate medical expenses shall be examined and a decision shall be taken within six months after the Health Inspectorate has received a claim for compensation. If additional information needs to be requested, collected and evaluated, the period for examining the compensation claim and taking a decision may be extended up to one year.

[*17 October 2013; 12 September 2013; 1 November 2018*]

**Section 17. Medical Treatment Risk Fund**

(1) The funds of the Medical Treatment Risk Fund shall be formed by medical treatment risk contributions and funds acquired by way of subrogation. The Cabinet shall determine the procedures for the creation, accumulation and administration of the Medical Treatment Risk Fund.

(2) The holder of the funds of the Medical Treatment Risk Fund shall be the National Health Service, the Health Inspectorate shall decide on the compensation to be disbursed to a patient from the Medical Treatment Risk Fund. The decision of the Health Inspectorate in relation to the compensation to be paid to a patient from the Medical Treatment Risk Fund provided for in Section 16 of this Law may be contested to the Ministry of Health. The decision of the Ministry of Health may be appealed to a court in accordance with the procedures laid down in the Administrative Procedure Law.

(3) Medical treatment institutions shall make medical treatment risk contributions each year. The amount of the medical treatment risk contributions and procedures for payment shall be determined by the Cabinet. Revenues and expenditures of the Medical Treatment Risk Fund shall be included in the annual State budget under a separate sub-programme of the basic budget.

(31) The claim for medical treatment risk payment created electronically in the Information System of the National Health Service shall have legal effect also without a signature of an official. In such case, the notice “The document has been prepared electronically and is valid without a signature” shall be indicated on the claim for medical treatment risk payment.

(4) Funds of the Medical Treatment Risk Fund shall only be used to settle claims of patients regarding the harm caused to their life or health, and for medical expenses. Funds of the Medical Treatment Risk Fund in the amount of not more than five per cent of the treatment risk payments made in the current year may be used to pay for the work of the medical practitioners invited to participate in the examination of claims for patient compensations, including representatives of professional organisations of medical practitioners. The remainder of the funds shall be used for the disbursement of compensation to patients in the subsequent financial years.

(5) If a medical treatment institution has not made medical treatment risk contributions, the National Health Service has the right to recover from this medical treatment institution all the compensation paid to a patient.

[*10 January 2013; 17 October 2013; 1 November 2018; 3 December 2020*]

**Section 17.1 Compensation for Serious or Moderately Serious Harm to the Health or Life of a Patient Inflicted due to Adverse Effects Caused by Vaccination against COVID-19**

(1) The Cabinet shall determine the requirements and procedures for the requesting, granting, and disbursement of compensation or for refusal to grant it, and also shall determine the amount of compensation to be disbursed according to the severity of harm, without exceeding EUR 142 290, if serious or moderately serious harm to the health or life of a patient has been inflicted due to confirmed adverse effects caused by vaccination against COVID-19.

(2) A compensation claim of a patient for serious or moderately serious harm to his or her health or life inflicted due to confirmed adverse effects caused by vaccination against COVID-19 shall be examined and the decision shall be taken within six months after receipt of the compensation claim. If additional information needs to be requested, collected, and evaluated, the period for examining the compensation claim and taking the decision may be extended for up to one year.

(3) A patient shall request the compensation for serious or moderately serious harm to his or her health or life inflicted due to confirmed adverse effects caused by vaccination against COVID-19 not later than within two years from the day of discovering the harm, however, not later than within three years from the day of vaccination. The compensation referred to in this Section shall not be disbursed if the patient has already received compensation for the harm inflicted on his or her life or health within the scope of civil proceedings.

[*26 October 2023*]

**Section 18. Protection of Rights and Lawful Interests**

(1) A person may use all mechanisms for the protection of rights provided for in laws for the protection of the rights or the interests arising therefrom specified in this Law, including application to a court in accordance with the procedures specified by Law.

(2) If the protection of rights or interests takes place within the scope of administrative proceedings, the relevant administrative act and actual actions may be contested to the Health Inspectorate if it has not been specified otherwise in this Law. The decision of the Ministry of Health may be appealed to a court.

(3) For the protection of the rights specified in this Law or the interests arising therefrom which are related to medical treatment, a person is entitled to submit a complaint to the Health Inspectorate in accordance with the procedures specified in legal acts for the performance of the necessary activities specified in legal acts, not later than within two years from the date of the infringement of the rights or interests. A reply to the complaint shall be provided within the time limit laid down in the Law on Submissions or, if administrative proceedings have been commenced, concurrently with the taking of the decision in these proceedings. The person who has submitted a complaint shall be informed of the commencement of administrative proceedings.

**Transitional Provisions**

[*15 November 2012; 10 January 2013*]

1. Section 16, Paragraphs two, three, four and five and Section 17 of this Law shall come into force on 25 October 2013. The compensation provided for in Section 16, Paragraph two of this Law shall be disbursed from 1 May 2014 for the harm caused to a patient after 25 October 2013.

[*10 January 2013*]

2. Amendments to Section 17 of this Law in relation to replacing the words “Health Payment Centre” with the words “National Health Service” shall come into force on 25 October 2013.

[*10 January 2013*]

3. Section 16, Paragraph two, Clause 2 of this Law is repealed as of 1 January 2014.

[*17 October 2013*]

4. Section 16, Paragraph two, Clause 2.1 of this Law shall come into force on 1 January 2014, and the compensation provided for therein shall be disbursed for medical expenses in order to eliminate or prevent the unfavourable consequences of the harm caused to the life or health of the patient by the medical practitioner or the conditions during medical treatment after 1 January 2014.

[*17 October 2013*]

5. Amendment to Section 6, Paragraph seven of this Law in respect to entry of authorisation in the unified electronic information system of the health sector shall come into force on 1 February 2022.

[*1 November 2018; 3 December 2020*]

6. Section 10, Paragraph 5.2, Clause 12 of this Law shall come into force on 1 January 2024.

[*5 April 2023*]

7. Section 3, Paragraph seven of this Law shall come into force on 1 July 2025.

[*13 June 2024*]

**Informative Reference to European Union Directives**

[*15 November 2012; 17 October 2013*]

This Law contains legal norms arising from:

1) Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin;

2) 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;

3) Directive 2010/84/EU of the European Parliament and of the Council of 15 December 2010 amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use;

4) Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU.

This Law shall come into force on 1 March 2010.

This Law has been adopted by the *Saeima* on 17 December 2009.

President V. Zatlers

Rīga, 30 December 2009