LAW ON THE RIGHTS OF PATIENTS AND COMPENSATION FOR THE DAMAGE TO THEIR HEALTH OF THE REPUBLIC OF LITHUANIA

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CHAPTER I
GENERAL PROVISIONS

Article 1. Purpose of the Law
1. This Law shall establish the rights and duties of the patient, the specifics of the patient’s representation, as well as grounds for the investigation of the patient’s complaints and for compensation for the damage caused to his health.
2. This Law shall be based on the underlying assumption that the relations between the patient and health care professionals or health care institutions shall be built on the following principles:
   1) mutual respect, understanding and assistance;
   2) ensuring the patient’s rights according to the health care conditions recognised by the state in the prescribed manner;
   3) prohibiting to restrict the patient’s rights on the grounds of gender, age, race, citizenship, nationality, language, origin, social status, religion, belief, views, sexual orientation, genetic qualities, disability or on other grounds, except for the cases specified by laws, without prejudice to the general principles of human rights.

Article 2. Main Definitions as used in this Law
1. Anonymous health care shall mean the provision of health care services to the patient in accordance with the procedure established by this Law and other legal acts when personal data, on the basis whereof his identity may be established, are not specified in medical records.
2. Recoverable damages (economic and non-economic) caused to the patient’s health shall mean any harm caused to the health of the patient, his injury or death caused by an act of malpractice of a health care provider.
3. Surgical operation shall mean a medical procedure when a doctor seeking to diagnose, treat or correct the function of the organs and their systems affected by a disease or trauma operates on the patient’s tissues and/or organs by medical instruments, breaking the integrity of the tissues and/or organs.
4. Diagnostic and treatment methodology shall mean a document prepared by universities, scientific research institutions, and professional medical associations, based on medical scientific and practical evidence, whereby the general principles of the diagnosis and treatment of medical conditions and diseases are established.
5. Diagnostic and treatment protocol shall mean a document approved by the head of a health care institution whereby a consistent course of diagnosis and treatment is established.
6. Diagnostic and Treatment Regulations shall mean a document adopted by an order of the Minister of Health whereby the procedure for diagnosis and treatment reimbursable from the budget of the Compulsory Health Insurance Fund is established.
7. Invasive and/or interventional procedure shall mean a medical procedure when a health care professional seeking to diagnose, treat or correct the function of organs and their systems, operates on the patient’s tissues and/or organs by medical instruments, with or without breaking the integrity of the tissues and/or organs.
8. High quality health care services shall mean accessible, safe, efficient health improvement, disease prevention, diagnostic, patient treatment and nursing services which are
provided to an appropriate patient at an appropriate time and place by an appropriate health care professional or a team of health care professionals according to the level of modern medical and nursing science and good practice, taking into account the service provider’s possibilities and the patient’s needs and expectations by satisfying or exceeding them.

9. **Consultation** shall mean a council of no less than three doctors with the aim of assessing the patient’s state of health, diagnosing a disease, identifying and determining treatment options. The procedure for setting up a consultation shall be established by the head of a health care institution.

10. **Patient** shall mean a user of services provided by health care institutions, whether healthy or sick.

11. **Representative of the patient** shall mean a statutory representative or an appointed representative.

12. **Patient’s request** shall mean a person’s written application to a health care institution requesting to explain or provide information or to be granted access to the required documents.

13. **Patient’s complaint** shall mean a person’s written application to a health care institution or a competent state authority specifying his rights or lawful interests that have been violated in the course of the provision of health care services.

**CHAPTER II**

**RIGHTS AND DUTIES OF THE PATIENT**

**Article 3. Right to High Quality Health Care Services**

1. The patient shall have the right to high quality health care services.

2. The health care quality indicators and requirements for their content shall be set by the Minister of Health.

3. The patient shall be entitled to decent conditions and to respectful treatment by health care professionals. The patient must be given scientifically grounded pain-relieving measures so that he would not suffer from his medical conditions. The patient shall have the right to be taken care of and to die in dignity.

**Article 4. Right to Choose a Health Care Institution and a Health Care Professional**

1. The patient shall have the right in accordance with the procedure established by legal acts to choose a health care institution.

2. The patient shall have the right to choose a health care professional. The procedure for choosing a health care professional shall be established by the head of a health care institution.

3. When exercising the right to choose a health care institution the patient’s right to receive free health care may be restricted in accordance with the procedure established by legal acts.

4. The patient shall have the right to a second opinion from another specialist of the same professional qualification. When exercising this right, the patient’s right to receive free health care may be restricted in accordance with the procedure established by the Ministry of Health or institutions authorised by it.

5. The conditions and procedure for reimbursing the costs of health care services provided to patients abroad shall be set by the Ministry of Health or an institution authorised by it.

**Article 5. Right to Information**

1. The patient shall have the right to receive information about health care services provided in health care institutions, their prices and possibilities to access them. The procedure for providing such information shall be established by the head of a health care institution.
2. The patient shall have the right to receive information about the health care professional providing health care services to him (his name, surname, professional duties) and information concerning his professional qualification.

3. The patient, upon presentation of the documents confirming his identity, shall be entitled to receive information about his state of health, diagnosis, methods of treatment or examination applied in the health care institution or alternatives known to the doctor, potential risks, complications, side-effects, prognosis of the treatment and other circumstances that may have an effect on the acceptance or rejection by the patient of the proposed treatment, as well as about the consequences of rejecting the proposed treatment. The doctor must give the patient this information in a comprehensible form, taking into account his age and state of health, explaining special medical terms.

4. The information referred to in paragraph 3 of this Article may be withheld from the patient only in the cases where this would cause harm to the patient's health or endanger his life or where the patient refuses this information in accordance with the procedure established by this Law. A decision to withhold from the patient the information that may cause harm to the patient’s health or endanger his life shall be taken by his treating doctor unless a different procedure for taking such decisions is established by laws. The decision to withhold information and the reasons for it shall be noted in the medical records. In the cases where such notification would trigger damage to the patient all the information referred to in this Article shall be provided to the patient’s representative and this shall be treated as the provision of information to the patient. This information shall be communicated to the patient when the risk of potential damage passes. The specifics of the mental patient’s right to receive information shall be established by the Law on Mental Health Care.

5. If the patient’s further stay in a health care institution is not medically justified, the patient, prior to being discharged from the health care institution or sent to another health care institution, must be thoroughly explained about the grounds for such a decision and the continuity of follow-up health care. Having received such information the patient shall confirm it by signature.

Article 6. Right not to Know

1. Information about the patient’s state of health, diagnosis, methods of treatment or examination applied in the health care institution or alternatives known to the doctor, potential risks, complications, side-effects, prognosis of the treatment may not be communicated to the patient against his will. The patient must explicitly express his refusal of information and confirm it by signature.

2. The restrictions on the provision of information to the patient, as referred to in paragraph 1 of this Article, shall not apply where the patient's refusal to receive information may result in harmful consequences for the patient or other persons.

Article 7. Right of Access to Entries in one's Medical Records

1. The patient, at his request, must be provided with his medical records. The provision of the said medical records to the patient may be restricted if the information contained therein would cause harm to the patient's health or endanger his life. A decision to refuse medical records to the patient shall be taken by his treating doctor. The decision to refuse medical records and the reasons for it shall be noted in the medical records.

2. The health care professional must, within his competence, explain to the patient the meaning of the entries in his medical records. If the patient’s request is reasonable, the health care professional must within 15 working days correct, supplement, complete, delete and/or amend the data that is inaccurate, incomplete, ambiguous or the data that is irrelevant to the diagnosis, treatment or nursing. Any dispute between the health care professional and the patient concerning the correction of, supplement to, completion, deletion of and/or amendment to entries in the patient’s medical records shall be settled by the head of the health care institution.
3. The specific features of the mental patient’s right of access to the patient’s medical records shall be established by the Law on Mental Health Care.

4. The representatives of the minor patient under 16 years of age shall have the right of access to his medical records.

5. At the patient’s request, upon presentation of the documents confirming his identity, the health care institution must, at the patient’s expense, make and issue copies of the patient’s medical records approved by the health care institution, as well as issue descriptions of the diagnosis and treatment. This right of the patient may only be restricted in accordance with the procedure established by laws of the Republic of Lithuania.

**Article 8. Right to Privacy**

1. The private life of the patient shall be inviolable. Information about the facts of the patient’s life may be collected only with the patient’s consent and only if necessary for diagnosing, treating the disease or nursing the patient.

2. In health care institutions, the data about the patient’s stay in a health care institution, his state of health, as well as the diagnostic, therapeutic and nursing measures taken shall be entered in the medical records of the established form and types. The form, content of, and the procedure for the use of these records shall be established so as to ensure the protection of the patient’s private life.

3. Any information about the patient’s stay in a health care institution, his treatment, state of health, diagnosis, prognoses and treatment, as well as any other personal information about the patient shall be considered confidential even after the death of the patient. After the patient’s death, his testamentary and statutory heirs, spouse (partner), parents and children shall be entitled to receive information.

4. Confidential information may be disclosed to other persons only subject to the patient’s written consent specifying the grounds for disclosing such information and the purposes of its use, except in cases when the patient has specified by his signature in the medical documents which particular person is entitled to receive such information, as well as the scope of information and the terms of its provision. The patient shall be entitled to specify the persons to whom confidential information may not be disclosed. The persons who directly take part in treating or nursing the patient, carry out the patient’s medical examination may be given confidential information without the patient’s consent only in the cases and to the extent necessary to protect the patient’s interests. When the patient is considered as being incapable of reasonably assessing his own interests and he has given no consent, confidential information may be disclosed to the patient’s representative, spouse (partner), parents (adoptive parents) or children of full age to the extent necessary to protect the patient’s interests.

**Article 9. Specifics of the Right to Privacy**

1. Confidential information may be disclosed without the patient’s consent in accordance with the procedure established by legal acts to state institutions which are entitled under laws of the Republic of Lithuania to obtain confidential information about the patient, as well as to the persons specified in paragraph 8 of Article 23 of this Law. Confidential information may be disclosed to these persons only on their written request specifying the grounds for this request for confidential information, the purposes of its use and the scope of the required information. In all cases the disclosure of confidential information must conform to the principles of reasonableness, fairness and the priority of the patient’s rights and interests.

2. Any unlawful collection and use of confidential information about the patient shall entail liability in accordance with the procedure established by legal acts.

3. The patient’s right to privacy shall be ensured on the basis of the assumption that the patient’s interests and well-being outweigh the public interests. The application of this provision
may be restricted in the cases specified by laws when necessary for the protection of public
security, crime prevention, public health or the rights and freedoms of other persons.

4. Health care institutions must immediately notify law enforcement institutions of the
injured patients to whom the injury could have been caused by a criminal act.

**Article 10. Patient's Right to Anonymous Health Care**

1. The right to health care services without disclosing the identity of the person shall extend
to patients at least 16 years of age, suffering from the diseases entered on the list established by the
Government or an institution authorised by it. Health care services without disclosing the identity of
the person shall be paid for by the patient himself, for the exceptions provided for by legal acts.

2. The procedure for providing health care services without disclosing the identity of the
person shall be regulated by the Government or an institution authorised by it.

**Article 11. Patient’s Participation in Biomedical Research and Training Process**

1. A patient may not be involved in biomedical research without his written consent. The
procedure for involving patients in such research shall be established by the Law on Ethics of
Biomedical Research.

2. Involvement of the patient in biomedical research and in the training process must be
based on the underlying assumption that the patient’s interests and well-being outweigh the research
interests.

3. In health care institutions in which health care professionals are trained, the patient must
familiarise himself against signature with the internal regulations of the health care institution as
presented to him. The regulations must indicate that he is involved in the teaching process.

4. It shall be considered that the patient, who has familiarised himself against signature with
the internal regulations of the health care institution in which health care professionals are trained,
agrees to be involved in the teaching process. The patient who does not agree to take part in the
teaching process or objects to the information about him being used for scientific and educational
purposes shall make it known in writing. His written statement must be kept in the patient’s medical
records.

5. Information shall be used for scientific and educational purposes without prejudice to the
patient’s privacy. The procedure for using the information contained in the patient’s medical
records ensuring the protection of personal privacy for scientific purposes shall be established by
the Law on Ethics of Biomedical Research, and for educational purposes – by the health care
institution in which the information is kept.

**Article 12. Patient's Duties**

1. The patient must familiarise himself against signature with the internal regulations of the
health care institution as presented to him, other documents prescribed by the health care institution
and execute the duties indicated therein.

2. The patient must look after his health, exercise his rights in good faith, not abuse them,
and cooperate with professionals and employees of the health care institution.

3. Patients seeking access to health care services must present the documents confirming
their identity, except for the cases of emergency health care.

4. The patient must, to the possible extent, provide health care professionals with any
information about his health, previous diseases, the operations undergone, the medication taken or
being taken, allergic reactions, genetic inheritance and other data known to the patient, required for
adequate provision of health care services.
5. The patient, upon receiving information about the health care services prescribed for him must confirm in writing his consent or refusal with regard to the provision of these health care services in the cases specified by this Law.

6. The patient must follow the prescriptions and recommendations of health care professionals or refuse the prescribed health care services in accordance with the procedure established by this Law. The patient must inform the health care professionals about any deviations from the prescriptions or the prescribed treatment regime which he has accepted.

7. The patient must treat all employees of the health care institution and other patients with due respect.

8. The provision of health care services may be terminated in respect of the patient who violates his duties and thereby causes danger to his own and other patients’ health and life or prevents them from receiving high quality health care services, except for the cases when the patient’s life would be endangered.

**Article 13. Right to Compensation for the Damage**

The patient shall have the right to compensation for the damage caused by violating his rights in the course of the provision of health care services. The conditions and procedure for compensating for the damage shall be established in Chapter V of this Law, the Civil Code, the Law on Insurance and other legal acts.

**CHAPTER III**

**INFORMED PATIENT’S CONSENT**

**Article 14. Prohibition of the Provision of Health Care Services without the Patient's Consent**

1. The patient above 16 years of age shall be provided health care services only with his consent, except for the cases of the provision of emergency medical services, when the patient is not capable of expressing his will by himself.

2. The minor patient under 16 years of age shall be provided health care services only with the consent of his representatives, except for the cases of the provision of emergency medical services. In all cases health care professionals must choose such diagnostic and treatment methods which would most adequately correspond to the interests of the minor, taking account, first of all, of the will of the minor as well as that of his representatives. In the event of disagreement between the patient under 16 years of age and his representatives, diagnostic and treatment methods shall be chosen by a consultation of doctors taking into account the interests of the minor.

3. The minor patient under 16 years of age who, on the doctor's reasoned opinion expressed in medical records, is capable of assessing his state of health, shall have the right on his own to apply for and decide on the provision of health care services required for him, except for the cases specified by laws.

4. Laws may provide for cases when only the adult patient shall be entitled to give consent for the provision of health care services.

**Article 15. Requirements for Consent for the Provision of Health Care Services**

1. Consent for the provision of health care services shall be given (expressed) by the patient himself or by his representative in accordance with the procedure established by this Law and other laws.

2. The patient’s consent for the provision of health care services must be informed and appropriate.
3. Consent shall be considered to be informed and appropriate if it meets all of the following conditions:
   1) it has been given by the person capable of adequately expressing his will;
   2) it has been given upon receiving adequate and clear information;
   3) it has been given by the patient (his representative) of his own free will;
   4) it complies with the requirements for its form set by legal acts.
4. The requirements for the form of consent for the provision of health care services shall be approved by the Minister of Health.
5. If the patient signs the consent of the form complying with the requirements approved by the Minister of Health, it shall mean that the patient has received adequate information.

**Article 16. Expression of Consent for Health Care**

1. It shall be considered that the patient, who has voluntarily arrived at a health care institution for inpatient or outpatient health care or who has phoned for a health care professional, is informed and agrees to be examined, to have his state of health assessed, and necessary tests and treatment procedures prescribed and conducted by a health care professional of that institution, provided the health care institution has ensured that all the necessary information be extended (accessible) to the patient during his stay in, or visit to that institution, while the employees of that institution respond to any questions of the patient relating to this information. This provision shall not apply in the cases specified in paragraphs 1 and 2 of Article 17 of this Law.
2. The necessary information referred to in paragraph 1 of this Article shall include information regarding the prices of services to be paid for in full or in part, also free services provided in that health care institution and possibilities to access them, the procedure for referring to other health care institutions, the internal regulations of the institution, professional qualifications of health care professionals, the possibility to choose a health care professional, as well as the patient’s duty to cooperate with the health care professional who has prescribed (or is providing) health care services, to follow his prescriptions and instructions, and to inform about any deviations from the prescriptions. The procedure for providing such information shall be established by the health care institution.

**Article 17. Written Form of the Patient’s Consent**

1. If there is a possibility in a particular health care institution to choose diagnostic and treatment methods applied therein, the patient must be informed thereof and his choice must be confirmed by the patient’s signature.
2. Prior to performing a surgical operation, invasive and/or interventional procedure on the patient, the patient’s informed consent to have a particular surgical operation, invasive and/or interventional procedure must be obtained. Such consent must be expressed in writing by signing the form complying with the requirements approved by the Minister of Health.
3. For the purpose of obtaining informed consent for a surgical operation, invasive and/or interventional procedure, information shall be considered appropriate when the patient has been explained about the essence of such a surgical operation or invasive and/or interventional procedure, their alternatives, nature, purposes, known and possible complications (undesirable effects), other circumstances that may affect the patient’s decision to accept or reject the intended surgical operation or invasive and/or interventional procedure, as well as about possible consequences of rejecting the intended surgical operation or invasive and/or interventional procedure.
4. Prior to performing a surgical operation, invasive and/or interventional procedure on the patient, the doctor must give the patient the information specified in paragraph 3 of this Article, taking into account his age and state of health, in a comprehensible form, explaining special medical terms.
**Article 18. Emergency Situations**

1. Where health care must be provided to a patient over 16 years of age who cannot be considered capable of reasonably assessing his interests, and in the absence of persons referred to in paragraph 3 of Article 22 of this Law or where such persons have refused to be representatives, or there are no possibilities to contact them as quickly as necessary or to obtain their informed consent in time, a decision as to the health care to be provided to the patient and its scope, or the alternative to be chosen shall be taken by the doctor providing health care or, where necessary, by a consultation of doctors exclusively in the best interests of the patient. A decision to set up a consultation must be justified by the doctor in the patient’s medical records.

2. Where health care must be provided to a minor patient under 16 years of age, and in the absence of persons referred to in paragraph 1 of Article 22 of this Law, or there are no possibilities to contact them as quickly as necessary or to obtain their consent in time, a decision as to the scope of the health care to be provided to the patient, or the alternative to be chosen shall be taken by the doctor providing health care or, where necessary, by a consultation of doctors exclusively in the best interests of the patient. A decision to set up a consultation must be justified by the doctor in the patient’s medical records.

3. In respect of a minor patient under 16 years of age whose parents avoid performing the functions of the statutory representative and who has not been placed under temporary guardianship or curatorship, when the parents (adoptive parents) of the minor patient do not agree with each other on the scope of health care, decisions as to the scope of the health care to be provided, or the alternative to be chosen shall be taken by the treating doctor or, where necessary, by a consultation of doctors exclusively in the best interests of the patient. Laws may establish when the authorisation of the court shall be required in the cases specified therein. Such authorisation from the court shall be sought by a health care institution or the statutory representative of the minor patient.

**CHAPTER IV
REPRESENTATION**

**Article 19. General Provisions on Representation**

1. The patient shall acquire rights, assume duties, as well exercise the said rights and fulfil the said duties himself or through his representatives.

2. In the cases established by laws the patient shall acquire rights, assume duties, as well as exercise the said rights and fulfil the said duties only through his representatives or upon the authorisation of the court.

3. The representatives acting on behalf of the patient must present the document confirming representation and their identity documents.

4. The patient above 16 years of age may be represented by: statutory representatives and appointed representatives. Statutory representatives shall be those specified as representatives in this Law or other laws.

**Article 20. Representation of the Patient with Legal Incapacity or Limited Legal Capacity**

1. The patient who has been recognised by the court as legally incapable shall be represented by appointed guardians.

2. The patient whose legal capacity has been limited by the court shall acquire rights and assume duties, as well as exercise the said rights and fulfil the said duties himself to the extent that his rights have not been restricted by the court.

**Article 21. Appointed Representatives of the Patient**
The patient over 16 years of age may choose an appointed representative. Such representation shall be documented through a notary or the patient may notify of his choice by his signature in his medical records.

**Article 22. Statutory Representatives of the Patient**

1. The minor patient under 16 years of age shall be represented by his statutory representatives: one of the parents (adoptive parents), guardian, curator.

2. The minor patient under 16 years of age who has been placed under institutional guardianship (curatorship) shall be represented by the persons appointed by these institutions, upon presentation of the document confirming representation.

3. The spouse, cohabitee (partner) of the patient over 16 years of age or, in the absence thereof, one of the patient’s parents (adoptive parents) or one of the patient’s adult children shall be the statutory representative of the patient who cannot be considered capable of reasonably assessing his interests. The said persons shall not be considered statutory representatives of the patient over 16 years of age if they refuse to be representatives, or the patient has an appointed representative, or the patient has been placed under guardianship (curatorship).

**CHAPTER V**

**RESOLUTION OF DISPUTES AND COMPENSATION FOR DAMAGES**

**Article 23. Right to Complain**

1. This Article shall establish the procedure for lodging and hearing patients’ complaints which are not related to compensation for damages.

2. The patient who believes that his rights have been violated shall have the right, in compliance with the content and form requirements of the complaints procedure established by this Law, to lodge a complaint to the health care institution in which, in his opinion, his rights have been violated.

3. A complaint may be lodged by the patient or his representative. Only complaints which are signed by the patient, have the patient's name and surname, his actual place of residence and contact details indicated, as well as the crux of the complaint set out shall be investigated. Where a complaint is lodged by the patient’s representative, the name and surname of the representative, his place of residence, the document confirming representation and the patient on whose behalf the complaint is made shall be specified. Illegible complaints that do not meet the requirements set in this paragraph shall be returned to the patient stating the reasons for the return.

4. In the complaint, the patient must present the document confirming his identity. When such a complaint is sent by post or courier, it must be accompanied by a copy of the document confirming the applicant's identity certified by a notary or the advocate representing the patient. The patient’s representative, when requesting such information, shall present the identity document and the document confirming representation.

5. The patient shall be entitled to lodge a complaint not later than within one year after he becomes aware that his rights have been violated but not later than within three years after the date of the violation of his rights.

6. Patients shall have the right to apply to state institutions hearing patients' complaints only if they are not satisfied with the investigation of complaints in the health care institution in which, in their opinion, their rights have been violated.

7. Upon receiving the patient's complaint, the health care institution must investigate it and notify the patient in writing of the results of the investigation not later than within 20 working days.

8. When the patient’s complaint is related to the investigation of information about the patient which is confidential, the provision of such information to the insurance undertaking which has covered the civil liability of the health care institution and to persons who directly investigate
the complaint shall be lawful and justified. The persons who have gained access to confidential information must ensure its confidentiality.

9. Patients shall have the right to appeal, in accordance with the procedure established by laws, against decisions of state institutions hearing patients’ complaints.

Article 24. Compensation for the Damages Caused to the Patient

1. Economic and non-economic damages caused in violation of the established rights of patients shall be compensated in accordance with the procedure established by this Law and the Civil Code.

2. The patient or other persons who are entitled to compensation for the damages referred to in paragraph 1 of this Article and wishing to receive such compensation must make an application to the Commission on Evaluation of the Damage Caused to the Health of Patients operating under the Ministry of Health. Applications to the Commission shall be submitted in writing. The application must specify the following: the name of the Commission, the applicant's name, surname, personal number and place of residence, as well as the name, surname and address of the representative, if any, the name and registered office of the health care institution the act whereof is appealed against, the circumstances whereupon the applicant bases his claim (factual basis of the application), evidence confirming the circumstances set forth by the applicant, the applicant’s claim (the right violated and the amount of damages claimed), the list of accompanying documents, the place and date of the application. The application shall be signed by the applicant or his representative. The application submitted by the representative must be accompanied by the power of attorney or any other document confirming the powers of the representative. The application must comply with the requirements for the form and content.

3. The Commission on Evaluation of the Damage Caused to the Health of Patients shall be a mandatory pre-trial institution for handling disputes concerning the establishment of the fact of the violation of the rights of patients and the amount of damages caused thereby. The procedure for setting up this Commission, carrying out its activities, settling issues falling within its competence shall be regulated by the regulations of the Commission on Evaluation of the Damage Caused to the Health of Patients approved by the Government or an institution authorised by it. The rules of procedure of the Commission on Evaluation of the Damage Caused to the Health of Patients shall be approved by the Minister of Health.

4. The Commission on Evaluation of the Damage Caused to the Health of Patients shall be set up by an order of the Minister of Health for a period of four years and shall consist of 7 persons having medical, legal or other university higher education. Representatives to this Commission shall be selected in consideration of equal representation of the interests of patients and personal health care institutions. At least 2 members of the Commission must be representatives delegated by non-governmental organisations protecting the rights of patients. The Ministry of Health shall ensure technical conditions for the Commission to carry out its activities.

5. When considering an application, the Commission on Evaluation of the Damage Caused to the Health of Patients shall have the right to access all the necessary information and documents required for taking a decision and to apply to health care professionals concerning the date of receipt of conclusions which require special knowledge.

6. Applications to the Commission on Evaluation of the Damage Caused to the Health of Patients must be examined and decided not later than within 2 months from the date of the receipt thereof. When the application may not be examined and decided within this term for objective reasons, the Minister of Health may, on the grounded recommendation of the Commission on Evaluation of the Damage Caused to the Health of Patients, extend the term but no longer than for another 2 months.
7. Decisions of the Commission on Evaluation of the Damage Caused to the Health of Patients shall be binding on health care institutions and the patient or other persons who are entitled to compensation for the damages specified in paragraph 1 of this Article.

8. The patient or other persons who are entitled to compensation for the damage specified in paragraph 1 of this Article and/or the health care institution, disagreeing with the decision of the Commission on Evaluation of the Damage Caused to the Health of Patients, shall, within 30 days from the adoption of the decision, or the persons who were not present during the decision making – within 30 days of becoming aware of the decision, have the right to apply to the court in accordance with the procedure established by the Code of Civil Procedure for hearing the dispute between the health care institution and the applicant in substance.

Article 25. Insurance of Health Care Institutions against Civil Liability and its Control

1. Prior to commencing health care services, each health care institution shall take out compulsory and/or voluntary insurance against civil liability to compensate for economic and non-economic damages.

2. A health care institution must present a copy of the valid civil liability insurance policy to:

   1) the institution issuing licences to health care institutions when a licence to provide health care services is issued;
   2) the territorial health insurance fund when a contract for the provision of, and payment for health care services is concluded;
   3) the institution carrying out the monitoring of civil liability insurance of all health care institutions in accordance with the procedure established by the Minister of Health.

3. The minimum sum insured per insured event and the minimum sum insured for all insured events over one year of the validity of the insurance contract shall be established by the Government or an institution authorised by it.

Article 26. Claim for Compensation for the Damages Caused to the Patient

1. An insured event shall mean economic and non-economic damages caused to the patient in the course of the provision of health care services through the fault of the health care institution or its employees.

2. Where the insurance benefit is not sufficient to compensate for damages in full, the difference between the insurance benefit paid and the actual damages shall be covered by the health care institution which is liable for the damages caused.

3. In exceptional cases, in order to avoid the bankruptcy of a health care institution of any form of ownership, the difference between the actual damages caused to the patient and the insurance benefit may be paid from the reserve of the budget of the Compulsory Health Insurance Fund or other sources in accordance with the procedure established by the Government.

I promulgate this Law passed by the Seimas of the Republic of Lithuania.

PRESIDENT OF THE REPUBLIC OF LITHUANIA  ALGIRDAS BRAZAUSKAS