For further information, you can always address the: OFFICE FOR PROTECTION OF HEALTH CARE RECIPIENTS’ CIVIL RIGHTS, located at the old, South entrance of the building, or The Secretary to the Clinic you were admitted.

The Hospital staff would like to thank you for your cooperation and wishes you quick recovery.

MONDAY TO FRIDAY:
17:00-20:00

SATURDAY-SUNDAY:
11:00-13:00
17:00-20:00

CHILDREN UNDER 12 ARE NOT ALLOWED IN THE HOSPITAL

INTENSIVE CARE UNIT VISITING HOURS:
DAILY 17:00-17:30

Smoking in all premises of the hospital is prohibited.

Knossou Avenue, Heraklion, Crete
P.O box: 1044
+30 2810 368000
+30 2810 360258

OFFICE FOR PROTECTION OF HEALTH CARE RECIPIENTS’ CIVIL RIGHTS:
+30 2810 368149
+30 2810 368740
www.venizeleio.gr
ADMISSION TO THE HOSPITAL

Should you be admitted to a hospital clinic, an official document of identification (such as Passport) must be presented to our Admissions Office, which would certify the patient’s First and Last Name, Father’s name, Date of Birth, country of origin, and temporary address and telephone number in Greece.

DURING HOSPITALIZATION

Your cooperation is essential for your safe stay, for the improvement of the received treatment, and for the facilitation of the hospital staff.

For all the above reasons:

+ The patient is obliged to keep all the medical and hospital staff aware of their condition of health, and provide relevant information about the medication they might have taken BEFORE admission to the hospital, and deal with sincerity and respect towards the hospital staff.

+ A patient attendant is considered a person who is authorized to stay in the patient’s ward by the Head of Clinic or the Clinic Manager.

+ Do not consume food or take medicine unauthorized for your treatment by your doctor. Your diet is totally a responsibility of our hospital, and is determined according to your illness.

+ Keeping your personal belongings safe is entirely your responsibility. Avoid keeping valuable possessions or huge amounts of money with you during your stay.

+ Do not stay away from your ward without permission, or other particular reason.

+ For situations that are difficult to handle or overcome, please contact our Social Work service.

+ For patients who are unable to serve themselves, it is possible to get additional services provided by exclusive self-care nurses, who are only called by the Nursing service on the patient’s demand.

+ On your discharge from the Hospital, you will be given specific instructions on the kind and the time of your treatment.

+ Before your discharge, make sure you haven’t left behind any of your personal belongings.

+ You may leave the Hospital in case you wish to do so. In this case however, you will be asked to sign a relevant document that you undertake full responsibility of your actions.

+ For a COMPLAINTS REPORT, you are kindly requested to address the respective employees, as well as the Office for Protection of Health Care Recipients’ Civil Rights, located at the south Hospital entrance.

FINANCIAL SETTLEMENT

of your treatment in Hospital:

- If you are an EU citizen, you must own a EUROPEAN INSURANCE CARD, which must be presented to the Admissions Office upon your arrival.

- If you have A PRIVATE INSURANCE, it is ESSENTIAL that a WARRANTY be sent from your Insurance company to our Admissions Office, for the coverage of your treatment, otherwise the patients themselves are obliged to cover the expenses of their treatment:

  → To Medical Service:
  Tel.: +30 2810 368119
  Fax: +30 2810 214447
  Mail: iatrikip@venizeleio.gr

  → To the Office for Protection of Health Care Recipients’ Civil Rights:
  Tel.: +30 2810 368149
  Fax: +30 2810 368740
  Mail: grpolit@venizeleio.gr

A SPECIAL AUTHORIZATION WITH THE PATIENT’S PERSONAL DATA MUST BE COMPLETED AND SIGNED, FOR THE HOSPITAL TO SEND THIS PERSONAL DATA TO A PRIVATE INSURANCE COMPANY.

In case there is NO PRIVATE INSURANCE, the patients themselves are subjects to the financial settlement of their treatment upon discharge from the Hospital.

BEFORE YOUR DISCHARGE, PLEASE ASK FOR A MEDICAL REPORT, TO INFORM YOUR INSURANCE COMPANY ABOUT YOUR TREATMENT.