Erasmus MC
University Medical Center Rotterdam

# Application form for medical information

*You cannot complete this form online.*
*Please print out the form and complete it.*

Do you wish to consult your medical information online?
You can do so securely using your Erasmus MC patient portal, www.erasmusmc.nl/mijnerasmusmc

## Section 1 - Whose medical information do you wish to request?

☐ **I am requesting my own medical information**

1. Sign under "patient's signature"
2. Include a copy of your valid ID

☐ Are you requesting medical information about an **IVF or ICSI treatment**?

3. Then always request a full copy of your medical records (Section 2). Requesting parts of your medical records is not possible in this case.
4. Your partner will also be required to sign the form for approval under "partner's signature"
5. Your partner must also include a copy of their valid ID

☐ **I am requesting my child's medical information**

The rules for adults apply to children aged 16 and over. They can make their own application.

☐ **My child is under the age of 12**

1. Both parents/guardians must sign: "signature of parent 1" and "signature of parent 2"
2. Both parents/guardians must also enclose a copy of their valid ID

☐ **My child is aged between 12 and 16**

1. Both parents/guardians must sign: "signature of parent 1" and "signature of parent 2"
2. Your child must also sign the form for approval under "signature of patient aged between 12 and 16"
3. Both parents/guardians must also enclose a copy of their valid ID

☐ **I am requesting medical information on behalf of another person (someone who has died or is legally incapable)**

1. Sign under "signature applicant, other than the patient"
2. Include a copy of your valid ID
3. Stringent requirements apply when making a request for a copy of the medical records of deceased patients. Also complete the 'explanatory notes on requests by third parties' (Section 6).

## Section 2 - What medical information do you wish to request?

☐ I wish to request a copy of **part** of the medical records

You can use a copy of part of the records to request a second opinion, to continue treatment elsewhere, to arrange for home care, or to inform institutions such as UWV (Employee Insurance Agency) and CIZ (Care Needs Assessment Center).

We will provide you with this medical information within two weeks.

☐ I wish to request a **full copy** of the medical records

A full copy of the records contains more data than part of a record, such as the reports of your outpatient and inpatient consultations and your nursing reports.

We will provide you with this medical information within the statutory period of four weeks.

☐ I wish to request **radiology images**

☐ I wish to request a **summary of appointments and/or hospital admissions**

☐ I wish to request **other information**. Please specify:

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## Section 3 - For which period are you requesting the medical information?

I wish to request information for the period from: _____ through _____

Specialization(s): _____

## Section 4 - Details of applicant

- Are you requesting your own medical information? Then only complete the 'patient details' column.
- Are you requesting the medical information of your child (under the age of 16) or of someone else (deceased or legally incapable)? Then enter your own details in the 'applicant's details, if not the patient' column. Enter the details of the patient concerned in the 'patient details' column.

| Patient details | | Applicant's details, if not the patient | |
|---|---|---|---|
| Surname: | | Surname: | |
| Initials: | ☐ Male ☐ Female | Initials: | ☐ Male ☐ Female |
| Date of birth: | | Date of birth: | |
| Citizen Service Number (BSN): | | Citizen Service Number (BSN): | |
| Patient number: | | Address: | |
| Address: | | Postal code: | |
| Postal code: | | City: | |
| City: | | Telephone number: | |
| Telephone number: | | Email address: | |
| Email address: | | Relationship to patient: | |

## Section 5 - How do you wish to receive the requested medical information?

We can send you a copy of the medical records free of charge by registered mail. You can also pick up the information personally. You will receive confirmation from us by phone or email once the information is ready. Please indicate your choice below.

☐ I wish to receive the medical information by registered mail at the applicant's address.

☐ I will pick up the medical information personally at Erasmus MC's central Registration Desk, Room Ne-113k. The Desk is open Monday to Friday from 7am– 5pm. I will not pick up the information until I have received notification that the requested information is ready.

## Section 6 - Explanatory notes on requests by third parties

If you are requesting the medical records of a deceased person, you are required to state your reason for doing so here. Your request will not be processed if you do not explain the reason for your application.

Other applicants may also give an explanation of their request here but are not required to do so.

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## Section 7 - Signature of applicant(s)

Please check Section 1 to confirm who must sign this application form.

**Place:**

**Date:**

Patient's signature

Signature of parent/guardian 1
(for children under the age of 16)

Partner's signature (for IVF or ICSI)

Signature of parent/guardian 2
(for children under the age of 16)

Signature of applicant, other than the patient
(deceased of legally incapable)

Patient's signature (children aged between 12 and 16)

## Submitting your request

**By mail**
Send the completed application form with a copy of a valid ID to:

Erasmus MC
Zorgadministratie - Bureau Medische Informatie
Gk - 312
Postbus 2040
3000 CA Rotterdam

**By email**
Send an email to afschriftdossier@erasmusmc.nl. The completed application form and your valid ID must be scanned and saved as PDF files. These files must be submitted as attachments to your email.

**Valid ID**
Remember to include a copy of your valid ID. This identity document may be your passport, identity card, residence permit, or driver's license. Please note that some applications require two valid IDs. Further information is provided in Section 1. Your request will not be processed if you do not enclose a copy of a valid ID. We will only use your ID to verify that you are indeed the applicant. We will not store your details.

The Dutch central government's website provides information on how to make a secure copy of your ID. See www.rijksoverheid.nl/onderwerpen/identiteitsfraude/vraag-en-antwoord/veilige-kopie-identiteitsbewijs.

## Do you have any questions?

If you have any further questions on completing the application form for medical information or would like to ask us something else before submitting your application, please feel free to contact us. You can contact us by phone from Monday to Friday at (010) 703 58 27 (8am to 4pm). You can also contact us by email with any questions. Our email address is: afschriftdossier@erasmusmc.nl