

REQUEST FOR MEDICAL INFORMATION

Please read the explanatory notes on the back of this form before completing!

Patient's details

Surname and initials: Male /Female
Maiden name (if married) Date of birth
Address:
Postal code and city:
BSN (Social Security Number): Patient number.....
Phone number: Mobile:.....
Email address:

If the applicant is someone other than the patient (only for children under the age of 16 or if the patient has passed away)

Applicant's name: Relationship to patient.....
Address:
Postal code and city:
Phone number: Mobile:.....
Email address:

Request regarding information from: Erasmus MC Erasmus MC Daniel den Hoed Erasmus MCSophia Children's Hospital

Reason for request (please tick as applicable)

- Second opinion** (select option 1 in the next question)
- Continuing treatment elsewhere** (select option 1 in the next question)
- Other (please specify):**

- I would like to request the following information:
1. Copy of parts of the medical records (provided within 2 weeks)
 2. Copy of the medical records (excluding radiology images) (on average, processing takes 6 weeks)
 3. CD-ROM with radiology images
 4. Other, namely.....

Period: from: to.....

Specialism:

- How to receive the information: Pick it up personally (after receiving confirmation)
 By registered mail to abovementioned address

Place: Date:

Patient or applicant's signature: Signature parent 1 (for children under the age of 16)

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

Signature of patient aged between 12 and 16

Note: your request will only be processed if you enclose a copy of your valid ID!

EXPLANATORY NOTES ON REQUESTING A COPY OF MEDICAL RECORDS OR PARTS THEREOF

Request by parents or other third parties

If you want a copy of the medical records (or parts thereof) of a child under the age of 16, both parents will have to sign the application form and both parents will have to enclose a copy of a valid ID.

Note: children aged 16 and above must make their own application, children aged between 12 and 16 must sign for approval.

Providing a copy of the records to anyone other than the patient will basically only be approved after written consent by the patient, including a copy of a valid ID. This does not apply to parents requesting a copy of the records (or parts thereof) for children under the age of 12.

Requesting details of IVF/ ICSI treatment

To obtain copies from IVF/ICSI treatment records, the partner's signature and a copy of a valid ID are necessary. In this case, place a second signature under the applicant's signature.

Requesting a copy of the medical records of deceased patients

More stringent requirements apply when making a request for a copy of the medical records (or parts thereof) of **deceased** patients. Based on, among others, the explanation sent with the application, it is up to the physician to decide whether copies are supplied with the 'presumed consent' of the deceased patient. The physician takes the interests of the applicant and the protection of the deceased patient's privacy into account. The physician involved in the treatment or the medical department head decides whether the explanation given is sufficient to warrant the breach of medical confidentiality after the patient's death.

The copies will be sent by registered mail. It is also possible to pick up the copy of your medical records personally. Please indicate this under 'how to receive the information'.

In this case, you will be informed by phone or email that the copy is available.

Submitting the form

Send the completed and signed form with a copy of a valid ID to:

Erasmus MC
Medical Information Office
Room GK-312
PO Box 2040
3000 CA Rotterdam
The Netherlands

Or by email: afschrijfdossier@erasmusmc.nl (the printed and signed application form and the valid ID must be sent as a scanned attachment).

For any further questions, please contact us during office hours at +31 (0)10 703 5827.

To protect the privacy of our patients, we cannot comment by phone on information potentially available. Thank you for your understanding.

