



## Requesting medical records

You are entitled to a copy of your medical file. You can use this form to request a copy of the medical file of yourself, your minor child, your deceased next of kin or a patient you represent. Please always enclose a copy of your own valid proof of identity (passport, identity card or driver's license) with your request. Are you requesting someone else's file? Please also enclose their proof of identity. And enter their details in the second part of this application form. Sometimes you have to enclose an authorization. Read more about this further on in this form.

This authorization form can be found at [www.umcutrecht.nl/mcslotervaartloket](http://www.umcutrecht.nl/mcslotervaartloket).

### REQUEST FOR INSPECTION/COPY OF MEDICAL FILE

I hereby request:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP code: \_\_\_\_\_ Town: \_\_\_\_\_

Date of birth: \_\_\_\_\_

BSN (citizen service) number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Identification (please enclose copy):  passport  identity card  driver's license \_\_\_\_\_

I am requesting a copy of medical records for:

- myself
- somebody else. (Note: please skip to page two of this form)

Applicant's signature

Date of request

\_\_\_\_\_

\_\_\_\_\_

Please fill out this page if you are applying for someone else. The following information is required from the patient for whom you are applying.

I hereby request a copy of the medical file:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP code: \_\_\_\_\_ Town: \_\_\_\_\_

Date of birth: \_\_\_\_\_

BSN (citizen service) number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

This person is:

- my (minor) child (please skip to *1.1 Child*)
- the patient I am representing (please skip to *1.2 Representative*)
- my deceased next of kin (please skip to *1.3 Next of kin*)

### *1.1 Child*

What is your child's age?

- 0 to 11 years\*
- 12 to 16 years of age\*\*
- Over 16 years of age\*\*\*

Child's signature: \_\_\_\_\_

\* Is your child 0 to 11 years old? Your child does not have to sign.

\*\* Is your child 12 to 16 years old? Then your child must sign on the line.

\*\*\* Is your child over 16 years old? In that case, your child must submit a request independently or you can enclose a signed authorization form.

### *1.2 Representative*

- Has the patient authorized you to represent them? Then please enclose:
  - this application form (completed and signed by yourself)
  - a copy of the identification of the patient you represent
  - a copy of your own identification
  - an authorization form signed by the patient
- Are you authorized as a representative by a court? Then please enclose:
  - this application form (completed and signed by yourself)
  - a copy of your own valid proof of identity
  - a court order

### *1.3 Next of kin*

What was your relationship with the deceased whose medical records you request?

The deceased is my: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Please enclose:

- this application form (completed and signed by yourself)
- a copy of the deceased's death certificate
- proof of your relationship with the deceased (e.g. copy of a birth or marriage certificate)