

**Requesting a copy of medical records**

Costs may be associated with this request. Information on which fees are charged can be found on our website [www.ziekenhuisamstelland.nl/en](http://www.ziekenhuisamstelland.nl/en)

Surname / maiden name of patient: : .....  
 Initial(s) : .....  
 Patient number : .....  
 Date of birth : .....  
 CSN : .....  
 Street and house number : .....  
 Postal code and place of residence : .....  
 Telephone/mobile : .....  
 E-mail : .....

*Complete this section if you, as the applicant, are **not** the patient. The patient must give consent for the request of medical data. In this case, the patient must also sign this form!*

Surname/maiden name of applicant : .....  
 Initial(s) of applicant : .....  
 Date of birth applicant : .....  
 Street and house number : .....  
 Postal code and place of residence : .....  
 Telephone/cell phone : .....  
 Relationship to patient : .....

**Please indicate below which data is requested: what period of time and which specialism. Would you also tick the boxes of your choice?**

- Test results concerning the period : .....
- From the specialism (e.g., orthopaedics, surgery, etc.): .....
- Images on CD-ROM (for example X-ray / MRI scan / CT scan) over the period:  
.....
- Surgical report of: .....
- Discharge letter or other letter to general practitioner (GP): .....
- Other, i.e.: .....  
(please fill in the date / year)

Reason for the request: (To request data from a deceased patient, a comprehensive statement of the reason is important! If necessary, include a separate appendix with your reasoning.)

.....  
 .....

The patient / applicant declares to have been informed of the conditions that apply to the request of the medical records as stated in the brochure.

Date : .....

.....  
 Signature of applicant / patient

.....  
 Signature patient between 12 and 16 years old

**NOTE: Handling your application will take some time. Keep this in mind when making an appointment for a second opinion, for example.**

**Explanation:**

***If you are a patient:***

With this form you can request a copy of your medical records. Fill in all the information (except the section "if you, as an applicant, **are not** the patient") and place your signature at the bottom the form.

***You are a person other than the patient:***

With this form you can request a copy of the medical records of someone else. Fill in all the details. In addition to your own signature, the signature of the patient is also required.

This does *not* apply to:

- patients younger than 12 years of age
- deceased patient
- patient who cannot decide for himself (who is incompetent)

To request data from a patient between 12 and 16 years old, both the signatures of the patient and the signatures of the parents or legal guardians are required.

***Requesting images and a copy of medical records:***

- A&E patients who are initially treated at Amstelland Hospital but then undergo follow-up treatment at another hospital will, in principle, be given a CD-ROM with any medical images that have been made.
- Insurance physicians and medical examiners can request images and/or a copy of a patient's medical records by submitting a written request containing both the patient's permission for the material retrieval as well a copy of the patient's ID. The CD-ROM and/or a copy of the medical records will be sent to the applicant. All costs, including for registered mail, will be charged to the applicant.
- The patient may submit an application form to request a CD-ROM for personal use. Minors must obtain a signature from their parent/guardian.

- All other requests for a CD-ROM by a physiotherapist, chiropractor, sports doctor, sports medicine centre, etc. will not be honoured. The patient must request the CD-ROM.
- The applicant must collect the copy of the medical records/CD-ROM in person and show proof of identity. An authorised representative may also collect the material for a patient after presenting (a copy of) the patient's ID. A CD-ROM and/or a copy of medical records is only sent to an applicant in exceptional cases and upon consultation, and the costs of the registered mail are charged to the applicant.

***Proof of identity:***

Include a copy of your valid ID (identity card, passport or driving license) and a copy of the valid ID of the patient, if you are not the patient yourself.

***Do you have any questions?***

For questions about this form you can contact:

Amstelland Hospital  
Attn: Medical records  
Postbus 328  
1180 AH AMSTELVEEN  
E-mail: [mere@zha.nl](mailto:mere@zha.nl)

***Sending:***

You can submit the form with a valid proof of identity at:

- Amstelland Hospital  
Attn: Medical records  
Postbus 328  
1180 AH AMSTELVEEN  
Or e-mail: [mere@zha.nl](mailto:mere@zha.nl)

Within 3-4 weeks you will receive a message that you can retrieve the copy of your file.