

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

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

.....
Signature of 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

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

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