

**REQUEST FORM FOR COPY OF AN ADULT'S MEDICAL FILE**

*This form is used to request a copy of a medical file. Please note that it consists of two pages. The second page has an explanation of the form.*

**Patient details:**Name and initials: \_\_\_\_\_ M/F<sup>1</sup>

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

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

Postal code: \_\_\_\_\_ City/town: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Requesting:**

- a copy of (a portion of) his/her patient file on USB/paper printout<sup>1</sup>
- a copy of his/her Common Clinical Dataset (the Dutch version of a 'patient summary', further referred to as 'BgZ') on USB/paper printout<sup>1</sup>
- a contact summary of his/her hospital visits on USB/paper printout (admissions and clinical outpatient visits) for, among others, the tax authority, travel cancellations and (health care) insurance<sup>1</sup>

<sup>1</sup> cross out what is not applicable.

This concerns data about the treatment by (name of the doctor/specialist):

\_\_\_\_\_

\_\_\_\_\_

for the period \_\_\_\_\_ through \_\_\_\_\_

**Reason for request:**

- Second opinion
- Treatment elsewhere
- Other, namely: \_\_\_\_\_

**Collect/send data:**

- I will collect the data myself from the Adrz location in Goes
- I would like to have the data sent by post. This is at my own risk, and I have included a copy of my proof of identity

**Signature of the patient**

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Form explanation:

### How do you request a copy of your medical data?

- Complete and sign this request form
  - Send the completed and signed request form along with a copy of your proof of identity to:  
Adr  
Attn: Central Medical Records  
PO box 15  
4460 AA Goes
- or via e-mail: [adrz.cmd@adrz.nl](mailto:adrz.cmd@adrz.nl)

Retrieving your data takes time. Please bear in mind that your data request will take 3-4 weeks to process.

### What you may request:

#### **A copy of (a portion of) his/her patient file on USB/paper printout:**

You will receive a copy of your medical data, such as examination results, letters from your GP and operation reports. You can indicate whether you prefer to receive this data on USB or as a printout.

#### **A copy of his/her Common Clinical Dataset (the Dutch version of a 'patient summary', further referred to as 'BgZ')) on USB/paper printout:**

You will receive a copy of the (basic) information known to the hospital, including your name and address details, the contact persons you have entered, examination results, list of current medications and letters that have been sent to your GP. This is a standardised dataset that is the same for all hospitals in the Netherlands. You can indicate whether you prefer to receive this data on USB or as a printout.

#### **A contact summary on USB/paper printout of his/her hospital visits (admissions and clinical outpatient visits) for, among others, the tax authority, travel cancellations and (health care) insurance:**

This is a summary of your admissions and appointments, such as clinical outpatient visits at the hospital. You can indicate whether you prefer to receive this data on USB or as a printout.

### Collecting/sending data:

In order to receive medical data, you must provide proof of your identity at Adrz.

When retrieving the data at the Adrz location in Goes, you must have a valid ID to be able to identify yourself.

If you would like to receive the data by post, you must send a copy of your valid proof of identity along with the request form. No data will be sent without a copy of your proof of identity. Once Adrz has verified your identity, the copy of your proof of identity will be destroyed. Sending data is at the risk of the applicant.

Further information is available at: [www.adrz.nl](http://www.adrz.nl) or you can telephone Central Medical Records (Centraal punt Medisch Dossiers). Telephone number 06-12934243 (Mon, Tue, Thu & Fri, 9:00 am-12:00 noon).

### To be completed by Adrz:

Date of receipt at Adrz:	
Name of the Adrz employee:	
Name of the patient:	