ADMIRAAL DE RUYTER ZIEKENHUIS

REQUEST/AUTHORISATION FORM FOR COPY OF MEDICAL FILE

With this form, you as a patient can authorise someone else to request your medical data from Adrz.

Patient (name): _____M/F[1]

Date of birth:_____

Residing at (address):_____

Telephone:_____E-mail:_____

Hereby provides permission to:

Name:_____M/F[1]

Relationship to patient:_____

Residing at (address):_____

E-mail: _____ to request on his/her[1] behalf a copy of his/her[1] medical file from Adrz. The undersigned gives Adrz permission to provide the information requested below from the medical file to the authorised person.

This authorisation applies to:

- ☐ **a (partial) copy of his/her patient file on USB/paper printout[1]**
- ☐ **a copy of his/her Common Clinical Dataset (the Dutch version of a 'patient summary', further referred to as 'BgZ') on USB/paper printout[1]**
- ☐ **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[1]**

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: _____**

Collecting/sending data:

- ☐ **I will collect the data at the Adrz location in Goes**
- ☐ **I would like to have the data sent by post to my address/to the address of the authorised person[1]. This is at my own risk, and I have included a copy of my proof of identity**

[1]cross out what is not applicable.

Signature

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Signature of the patient	Signature of the authorised person
Name: _____ Location: _____ Date: _____	Name: _____ Location: _____ Date: _____

Explanation about the request/authorisation form for a copy of a medical file

How do you request a copy of your medical data?

- Complete and sign this request form (both the patient and the authorised person sign)
- Make a copy of your proof of identity (patient) and a copy of the authorised person's proof of identity
- Send the completed and signed request form along with a copy of your proof of identity to:
  Adrz
  Attn: Central Medical Records
  PO box 15
  4460 AA Goes

  via e-mail: adrz.cmd@adrz.nl

You must enclose a copy of your valid ID with this form, so that Adrz can verify your identity. When collecting the medical data, the authorised person must identify him or herself with a valid proof of identity. After verification, copies of the proof of identity will be destroyed.

This authorisation form is valid for a maximum of one month after being signed, and it only applies to a request for medical data.

Retrieving 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.

Further information is available at: 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).

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To be completed by Adrz:

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