



## REQUEST FORM FOR COPY OF THE MEDICAL FILE OF CHILDREN UP TO AGE 16

*This form is used to request a copy of your child's (up to age 16) medical file. Please note that it consists of three pages. For an explanation on this form, read the last page.*

### Patient details (child):

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

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

Place of birth: \_\_\_\_\_

Address:

Streetname: \_\_\_\_\_

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

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

### Details of parents/carers:

#### Carer/parent<sup>1</sup>:

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

Address:

Street: \_\_\_\_\_

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

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

#### Carer/parent<sup>1</sup>:

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

Address:

Street \_\_\_\_\_

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

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

### Requesting:

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

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 myself at the Adrz location in Goes
- I would like to have the data sent by post to the patient's address. This is at my own risk, and I have included a copy of my proof of identity, as well as the patient's (proof of identity)

**Signature:**

- Is your child younger than 12? Then the signature of the parent(s)/carer(s) with parental authority is sufficient.
- Is your child between the ages of 12 and 16? Then a signature and a copy of the proof of identity of the parent(s)/carer(s) and the patient (your child) are required.
- If your child is older than 16, the request form for a copy of, or access to, an adult's medical file can be used. In which case, the signature of just the patient (your child) is sufficient.

Signature of the patient: \_\_\_\_\_

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

Signature of the parent/carer<sup>1</sup>: \_\_\_\_\_

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

Signature of the parent/carer<sup>1</sup>: \_\_\_\_\_

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

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

**Explanation about the request form for a copy of a child's medical file:**

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

1. Complete and sign this request form
2. Make a copy of the required proof of identity (see collecting/sending medical data)
3. 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](mailto:adrz.cmd@adrz.nl)

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 (a 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 child's admissions and appointments, such as clinical outpatient visits. 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 collecting the data from the Adrz location in Goes, you must be able to identify yourself with a valid ID *and you must show a copy of your child's ID.*

If you would like to receive the data by post, you must send a copy of your valid proof of identity and a copy of your child's proof of identity along with the request form. No data will be sent without a copy of the proof of identity. Once Adrz has verified your identity, the copies 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:	