

Request for a copy of medical dossier



1. Patient's data

Surname _____ Initials _____ M / F
Date of birth _____
Patient's number _____ (this is on your patient's pass)
Address _____
Postcode and Town _____
Telephone number _____
E-mailaddress _____

2. Which data do you wish to apply for?

Specialism _____
Date / period treatment _____
Treatment concerning _____

- Discharge letter (the letter from your specialist to your family doctor (g.p.) or to a specialist in another hospital)*
- Operation result (the result of your operation)*
- Reports emergency department
- Outpatient reports
- Clinical reports
- Laboratory results (e.g for blood or urine test)*
- PA-report (the report of the clinical pathologist)*
- Record of visual research (the reports describing X-ray photos, MRIs and CTs)*
- Visual images of research on DVD (X-ray photos, MRIs, CTs on DVD)
- Others _____

The sections marked with a * can be viewed at <https://www.haaglandenmc.nl/mijnhmc> (p.t.o. online access to your data)

3. Reason for the request: _____

If you are requesting access to your dossier because you are not satisfied with the medical care and would like one of our complaints officials to contact you, you can show that you wish to do so by putting a cross in the following square:

4. If the applicant is a different from the patient

Surname _____ Initials _____ M / F
Date of birth _____
Address _____
Postcode and Town _____
Telephone number _____
E-mailaddress _____
Relation to patient _____

To whom should the data be sent? patient other applicant

5. How would you like to receive the data?

- Secured email (free of charge). *Not possible in case you've requested a dvd.*
- Post (free of charge)
- Registered post (€ 8,-). *Fill in the backside of this form.*

6. Agreement with statement

By signing this statement, I give my agreement that the relevant named data can be sent to me – or if applicable – to the person named under point 4. *If you want these data to be sent by registered post, please fill in the other side of this form.*

Date: _____ Signature patient: _____ Signature applicant: _____

7. Send this form together with a copy of the patient's identification document – and if applicable also of the applicant – to:
HMC, t.a.v. secretariaat gezondheidsrecht, C14-84, Antwoordnummer 2191, 2501 VC Den Haag.
Or by email to medicalfile@haaglandenmc.nl

Please do not fill in Datum ontvangst: _____ Identiteit geverifieerd Nummer: _____

Authorisation of a request for a copy of a medical dossier



I want my data to be sent to me by registered post. I hereby give the debit administration part of the Finance and Control of HMC permission to deduct – once – the amount of € 8,- from my account in connection with the medical dossier that I receive by registered post.

Payee's data

Name	Stichting Haaglanden Medisch Centrum
Address	Lijnbaan 32
Postcode	2512 VA
Town	THE HAGUE
Country	THE NETHERLANDS
Payee's ID	NL24ZZZ271698900000
Authorisation Reference	Medical Dossier
Reason for payment	Copy of medical dossier by registered post

Applicant's data

Name Account holder	_____
Address	_____
Postcode	_____
Town	_____
Country	_____
IBAN	_____
BIC	_____
Signature	_____
Place and date	_____

If you do not agree with this debit, you can have it reversed. To do this, contact your bank within 8 days of debiting. Ask your bank for the conditions.

Information regarding application for a copy of medical dossier

Online access to your data

We would like to draw your attention – possibly as an alternative to this request – to our patient portal mijnHMC. This is a free service for all our patients in which you can view, save and print a large part of your own medical data online in a secure environment. You can, for example, see on this website a report on your operation, laboratory and x-ray results and medical letters.

More information: <https://www.haaglandenmc.nl/mijnhmc>

Copy of identification document

We only need the copy of the patient's identification document (or if applicable of another applicant) to verify your identification. Afterwards the copy will be destroyed.

When will you receive the copy?

You will receive the copy not more than four weeks after you sent in the application. This can, however, take longer with complex or many questions. If so, you will be informed.

The relative(s) of the dead patient

In principle, relative(s) can not have access the dossier of the dead patient. However, if you wish to do so, will you please submit an extensive motivation for this request with your application. On the basis of this, it will be decided whether an exception can be made in this case.

Patients who are minors

The parents/guardian of minors up to and including the age of 11 have right to access to the copy of the dossier of the minor providing they have authority over the minor.

Minors from the age of 12 to 17 inclusive can themselves apply for a copy of the dossier and must give permission for application for a copy to be sent to their parents/guardian. If the parents/guardian request a copy of the dossier the minor must also sign this application (by patient).

Contact data

Do you have any questions about applying for a copy of your medical dossier? If so you can contact the 'secretariaat gezondheidsrecht' on weekdays between 09.00 and 12.30 hours, telephone number: 088 979 32 94. Or by email to medicalfile@haaglandenmc.nl