

Request for Copy of Medical Records



1. Patient details

Surname _____ Initials _____ M / F
Date of birth _____
Patient reference number _____ (stated on your patient card)
Citizen Service Number _____
Address _____
Postcode and town/city _____
Telephone number _____
Email address _____

2. Which information are you requesting?

Specialty(ies) / department(s) _____
Date / period of treatment _____
Treatment _____

- ☐ Letter of discharge (letter from your treating specialist to your GP or specialist at another hospital)*
☐ Operation report (report on your operation)
☐ Accident & Emergency report
☐ Outpatient consultation report
☐ Clinical admission report
☐ Laboratory results (e.g. blood or urine test)*
☐ PA report (report from the Clinical Pathology department)*
☐ Radiological imaging report (reports describing X-rays, MRIs and CTs)*
☐ Radiological images for **personal use (see explanatory information below)**
☐ Radiological images for use by **another healthcare provider (see explanatory information below)** Please state the name of the clinic or hospital where you have an appointment with which we may share your images: _____
☐ Other _____

The components marked with an * can be accessed online at <https://www.haaglandenmc.nl/mijnhmc> (see explanatory information below).

3. Reason for request: _____

4. How would you like to receive the information? (please tick only one box)

- ☐ by secure email (free)
☐ by regular post (free)
☐ by registered post (€8) Please also complete the authorisation on page 2.

Please continue on page 2.

Please leave blank Date of receipt: _____ Identity verified ☐ Number: _____

5. If the requesting party is someone other than the patient (e.g. patient's parent/partner/child), please fill in your details (see explanatory information below).

Surname _____ Initials _____ M / F
Date of birth _____
Address _____
Postcode and town/city _____
Telephone number _____
Email address _____
Relationship to patient _____
To whom should the information be sent? ☐ patient ☐ other requesting party

6. Statement of consent

By placing my signature, I consent to the abovementioned information being sent to me or – if applicable – to the person listed under point 5.

Date: _____ Signature of patient: _____ Signature of requesting party: _____

7. Send this request together with a copy of a valid identity document of the patient (plus a copy of the identity document of the requesting party if the requesting party is someone other than the patient) to: HMC, attn. Secretariaat Gezondheidsrecht, C14-84, Antwoordnummer 2191, 2501 VC The Hague (no postage required). Or submit it by email to kopiedossier@haaglandenmc.nl.

Authorisation (only complete this form if you wish to have your medical records sent by registered post)

I wish to receive the copy of my medical records by registered post. I hereby authorise the accounts receivable department, part of the Finance & Control department of HMC, to debit € 8,- from my account as a one-off charge for sending my medical records by registered post.

Details of payee

Name	Stichting Haaglanden Medisch Centrum
Address	Lijnbaan 32
Postcode	2512 VA THE HAGUE
Country	THE NETHERLANDS
Incassant ID	NL24ZZZ271698900000
Authorisation reference	Medical Records
Reason for payment	Copy of medical records sent by registered post

Details of requesting party

Name of account holder	_____
Address	_____
Postcode	_____
Town/city	_____
Country	_____
IBAN	_____
BIC	_____
Signature	_____
Town/city and date	_____

If you disagree with this debit, you can have it reversed. Please contact your bank within eight weeks of the debit to arrange this. Ask your bank about the conditions that apply.

Explanatory information on Request for Copy of Medical Records



Online access to your data

We would like to draw your attention to our patient portal, mijnHMC, which may provide an alternative to this request form. It is a secure online platform that we offer to all our patients for free as a service. In mijnHMC, you can access, save and print out a part of your personal medical information, such as results of laboratory tests, X-rays and medical letters. To access the portal, please go to <https://www.haaglandenmc.nl/mijnhmc>

Radiological images for personal use

If you wish to receive radiological images for personal use, the images will be sent electronically. To do so, we need a valid email address and a Dutch mobile phone number. You will receive an email (sender: Zorgbericht) containing a link, after which a verification code will be sent to your phone by SMS. After entering the code, you will be able to access, save and download the images. The link in the email will remain valid for 14 days.

Radiological images for use by another healthcare provider

If your new healthcare provider requires the images (for a second opinion, for example), we can usually share them directly with that healthcare provider. To do so, all we need is the name of the other healthcare provider.

Copy of identity document

We will use the copy of your identity document solely for the purpose of verifying your identity. We will not retain the copy. You can use the KopieID app provided by the Ministerie van Binnenlandse Zaken en Koninkrijksrelaties to submit the copy. Please make sure that at least your name, Citizen Service Number (BSN) and signature are visible. If you send us a paper copy, you can write that the copy is solely intended for this request to HMC.

When will you receive the copy?

You will receive the copy as soon as possible. With complex or sizeable requests, this may take longer, up to a maximum of four weeks. In that case, we will inform you of this.

Request made by party other than the patient

Adult patients

Adult patients have the option to authorise someone else to receive a copy of their medical records. This is only possible if the patient is able to give informed consent on this matter. If the patient is (temporarily) unable to give informed consent, the patient's representative may in a limited number of cases receive information from the patient's medical records. Your request must include an explanation of the reason for the request, based on which we will determine whether we can grant your request.

Underage patients

For minors up to the age of 12, this request can be submitted by the parent(s)/guardian having authority of the child. This requires including a copy of the parent's and the child's identity document. For minors aged 12 or older, the provision of a copy of their medical records to their parent(s) requires the consent of the minor, who indicates their consent by placing their signature at point 6 of the request form.

Relative(s) of a deceased patient

In principle, relatives of a deceased patient cannot obtain a copy of the deceased's medical records due to medical confidentiality. If you nevertheless wish to receive a copy, please submit a detailed explanation of the reason for your request. Based on this explanation, we will determine whether an exception can be made.

Complaints

If you are requesting a copy of your medical records because you are dissatisfied with the care provided by HMC and you wish to contact one of our complaints officers, please do so by email at klachtenfunctionaris@haaglandenmc.nl or by phone on +31 (0)88 979 18 18 / +31 (0)88 979 40 44. For more information, please go to: <https://www.haaglandenmc.nl/ziektebeeld/klachten-informatie-over-de-klachtenregeling/>

Contact details

If you have any questions about requesting a copy of your medical records, please contact our health law secretariat (secretariaat gezondheidsrecht) by phone on +31 (0)88 979 32 94 on working days between 9.00 am and 12.30 pm, or by email at kopiedossier@haaglandenmc.nl.