

**Requesting a copy of medical records**

Costs may be associated with this request. Information on which fees are charged can be found on our website [www.ziekenhuisamstelland.nl/en](http://www.ziekenhuisamstelland.nl/en)

Surname / maiden name of patient: : .....  
 Initial(s) : .....  
 Patient number : .....  
 Date of birth : .....  
 CSN : .....  
 Street and house number : .....  
 Postal code and place of residence : .....  
 Telephone/mobile : .....  
 E-mail : .....

*Complete this section if you, as the applicant, are **not** the patient. The patient must give consent for the request of medical data. In this case, the patient must also sign this form!*

Surname/maiden name of applicant : .....  
 Initial(s) of applicant : .....  
 Date of birth applicant : .....  
 Street and house number : .....  
 Postal code and place of residence : .....  
 Telephone/cell phone : .....  
 Relationship to patient : .....

**Please indicate below which data is requested: what period of time and which specialism. Would you also tick the boxes of your choice?**

Test results concerning the period : .....  
 from the specialism (e.g., orthopaedics, surgery, etc.): .....

It involves the following tests (e.g. ultrasounds, blood tests, etc.):  
 .....

Images on CD-ROM (for example X-ray / MRI scan / CT scan) over the period:  
 .....  
 at request of the specialism (e.g., cardiology, paediatrics, etc.): .....

Surgical report of: .....  
 Discharge letter or other letter to general practitioner (GP): .....  
 Other, i.e.: .....  
 (please fill in the date / year)

Reason for the request: (To request data from a deceased patient, a comprehensive statement of the reason is important! If necessary, include a separate appendix with your reasoning.)

.....  
 .....

The patient / applicant declares to have been informed of the conditions that apply to the request of the medical records as stated in the brochure.

Date : .....

.....  
 Signature of applicant

.....  
 Signature patient (if necessary, partner)

## Explanation:

### **If you are a patient:**

With this form you can request a copy of your medical records. Fill in all the information (except the section "if you, as an applicant, **are not** the patient") and place your signature at the bottom of the form.

### **You are a person other than the patient:**

With this form you can request a copy of the medical records of someone else. Fill in all the details. In addition to your own signature, the signature of the patient is also required.

This does *not* apply to:

- patients younger than 12 years of age
- deceased patient
- patient who cannot decide for himself (who is incompetent)

To request data from a patient between 12 and 16 years old, both the signatures of the patient and the signatures of the parents or legal guardians are required.

### **Proof of identity:**

~~Include a copy of your valid ID (identity card, passport or driving license) and a copy of the valid ID of the patient, if you are not the patient yourself.~~

### **Do you have any questions?**

For questions about this form you can contact:

Amstelland Hospital  
Attn: Secretariat of the Board of Directors  
Postbus 328  
1180 AH AMSTELVEEN  
Telefoon: (020) 755 63 00  
E-mail: [securvb@zha.nl](mailto:securvb@zha.nl)

Monday through Friday: 9am to 4pm.  
(Preferably not between 12 noon – 1pm)

**PN.** We do not provide information by mail or email. You can pick up the data personally. When you pick up the data, we ask you to identify yourself. Have you come for someone else? Then bring a copy of the ID of the patient with you.

## Sending:

You can submit the form with a valid proof of identity at the relevant department:

- Second opinion and any other similar requests at the outpatient clinic of your attending physician attending physician or by mail:

Amstelland Hospital  
Attn Outpatient Clinic <name specialism>  
Postbus 328  
1180 AH AMSTELVEEN

- Radiological data (e.g. X-rays, CT scan, etc.) are sent to the Radiology Department or by mail:

Amstelland Hospital  
Attn Radiology Department  
Postbus 328  
1180 AH AMSTELVEEN

- A copy of your entire file, including your clinical records (for example, if you have undergone surgery), is to be sent to the Secretariat of the Board of Directors via email [securvb@zha.nl](mailto:securvb@zha.nl) or by post:

Amstelland Hospital  
Attn: Secretariat of the Board of Directors  
Postbus 328  
1180 AH AMSTELVEEN

- Official bodies (such as lawyers, police, banks, etc.) can submit their request to the Secretariat of the Board of Directors via email [securvb@zha.nl](mailto:securvb@zha.nl) or by post:

Amstelland Hospital  
Attn: Secretariat of the Board of Directors  
Postbus 328  
1180 AH AMSTELVEEN