



Request for copy of data from a patient record

PATIENT'S IDENTITY (please add copy of identity card)

- Surname and first name
- Address
- Telephone number
- Date of birth
- I would like:
 - the data to be posted to me
 - to collect the data in person
 - transmission via secure e-mail

REQUESTING PARTY

☐ is the patient him/herself

☐ is NOT the patient him/herself (fill in the details below, please add copy of identity card)

- ⇒ Surname and first name.....
- ⇒ Address.....
- ⇒ Telephone number
- ⇒ Relationship to patient ☐ patient's parent or guardian
☐ authorised confidant *
☐ other:

REQUESTED DATA

- **Hospitalisation** in department Period/data:
 - Medical data
 - Login codes which you can use to view the medical imaging online
 - Lab results
- **Consultation** at service Period/data:
 - Medical data
 - Login codes which you can use to view the medical imaging online
 - Lab results
- **Other**

JUSTIFICATION OR REASON FOR REQUEST (optional)

.....
.....

The undersigned agrees to the procedure and conditions indicated on the reverse of this form.

Patient's signature:

Date:

*** AUTHORISATION FOR A CONFIDANT**

The undersigned patient (name) hereby gives permission to UZ Leuven to provide to (confidant's name) the aforementioned information from his/her patient record.

Patient's signature:

Confidant's signature:

Date:

INFORMATION ON PROCEDURE FOR PROVISION OF A COPY

WHO CAN REQUEST A COPY?

- 1) the patient him/herself
- 2) a confidant, authorised in writing by the patient
- 3) the parents or guardian of a minor or of an adult patient, who falls under the status of extended minority or a declaration of incompetence
- 4) a representative of the patient:
 - who has previously been appointed by the patient to exercise the patient's rights in his/her place if and to the extent that he/she is incapable of doing so him/herself, subject to the provision of written proof
 - if the patient is not actually capable of exerting his/her patient's rights him/herself, yet no representative has been appointed by the patient, or such a representative fails to act, the rights are exercised by the cohabiting spouse or the legal or de facto cohabiting partner
 - if this person does not wish to do so, or no such person exists, the rights are exercised in descending order by: an adult child, a parent, an adult sibling, or in the absence of these, or in the event of any dispute between the aforementioned, by the relevant caregiver, where appropriate in multidisciplinary consultation.
- In order to protect the patient's privacy, a request to inspect or copy data may be (fully or partially) denied to a patient's representative. If so, this right may be exercised by a professional practitioner designated by the representative.
- After the patient's death, copies cannot be provided, but there is an indirect right of inspection through a professional practitioner. Surviving relatives to the second degree may apply to inspect the file in the hospital using the inspection request form.

HOW YOUR REQUEST WILL BE PROCESSED

- ⇒ Send the completed and signed form along with a copy of your identity card to UZ Leuven, marked for the attention of 'dienst afschrift medisch dossier', Herestraat, 49, 3000 Leuven; alternatively, you can send them by fax: 016/34.46.55 or by email: amd@uzleuven.be
- ⇒ The law on patients' rights sets a deadline of 15 days (after receipt of your application) for the response to your request.