UZ LEUVEN

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

REQUESTING PARTY

O is the patient him/herself

O is NOT the patient him/herself *(fill in the details below)*

- ⇨ Surname and first name…….
- ⇨ Address…….

  ……..
- ⇨ Telephone number ……
- ⇨ Relationship to patient
  - O patient's parent or guardian
  - O authorised confidant *
  - O other: ……

REQUESTED DATA

- **Hospitalisation** in department …… Period/data: ……...
  - Medical data
  - Nursing 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
- **Complete medical record** from (enter year) ……
  - Including login codes which you can use to view the medical imaging online
  - Excluding login codes

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:
…….	……	…….

This form will be saved for administrative purposes only, for a maximum period of 5 years.

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.

- Your doctor holds reports on care provided at UZ Leuven: you can also contact him/her to request copies.
- The personal notes and data relating to third parties are not eligible for inspection or copy. In the event that the patient or his/her representative designates a professional practitioner, this latter may ask to inspect the caregiver's personal notes.
- 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 patiëntgegevens', Herestraat, 49, 3000 Leuven; alternatively, you can send them by fax: 016/34.46.55 or by email: afschriftmedischdossier@uzleuven.be

⇨ The law on patients' rights sets a deadline of 15 days (after receipt of your application) for the response to your request.