

APPLICATION FORM FOR:

- INSPECTING YOUR MEDICAL FILE
- REQUESTING A COPY OF YOUR MEDICAL FILE
- CORRECTING MEDICAL DATA IN YOUR MEDICAL FILE
- THE REMOVAL OF (CERTAIN) DATA IN YOUR MEDICAL FILE

Personal details of patient*

Gender	
Initials	
Last name and first name	
Maiden name:	
Date of birth:	
Citizens Service Number (CSN):	
Telephone number	
Patient at SAG health care center:	

I request:

- To have a look at my medical file
- A copy of my medical file
- Correction of (certain) data in my medical file
- The removal of (certain) data from my medical file

Signature:

Date:

Signature:

Identification

We ask you to bring the application form to the health center yourself and to bring identification with you (identity card or passport) so that we can confirm your identity. Picking up a copy of your medical file or viewing your medical file must also take place in person at our health center. Because of your privacy, **we do not send your medical file to you by post or e-mail.**

Please note that the medical data in your medical file will be kept for a maximum of fifteen years.

The application form explained

** Personal details of patient*

Please be so kind to fill in the form completely. This helps us finding your medical file and also helps us protect your privacy.

According to The Medical Agreement Act (WBG0) a patient who is underage cannot make a request for seeing, copying, correcting or removing medical data. Adults (16 years of older), who want an inspection/copy/coorection/removal of data of their medical file, must submit the application themselves. In case a patient has departed, the distribution of the medical data of this deceased patient is permitted under certain circumstances. For instance, if it is plausible the patient would not have objected, or if there are compelling arguments to allow distribution. This decision rests with the healthcare provider.