

Rectification/erasure of medical file

Application form

Applicant

- Patient (him/herself)
- Personally authorised by the patient * (Also complete power of attorney below)
- Other namely.....

Patient details

Patient number

Name and initials M/F

Date of birth

Address

Postcode/place

Telephone number

E-mail

Details of applicant (if not the patient him/herself)

To be completed if the applicant is a person other than the patient. This is only permitted for children below the age of 12 years or family members of a deceased patient.

Name of applicantM/F

Address of applicant

Postcode/place

Telephone number.....

Relationship to patient.....

Which details do you wish to erase?

- Part of the medical file
- Part of the nursing file
- X-ray photograph / MRI scan / CT scan (including report).....
- Discharge letter to GP.....
- Other, namely.....

For which specialisation(s) do you wish to have details erased?

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For which period?

From..... to.....

Explanatory notes to application

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Exceptions for erasure

Certain core details must be stored for 115 years. These core details consist of:

- the first aid report
- the operation report
- the anaesthetic report
- the pathology report (histology, cytology and/or autopsy)
- the discharge letter

Signature

Place/ Date Signature

Power of attorney

The patient with patient number (if known)

Name and initials M/F*

Hereby grants permission to the applicant (name)

Signature of patient

Signature of authorised representative

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Contact

Send the application form together with a copy of your identification document to:

Maastricht UMC+

Aanvraag medisch dossier, KIO

Antwoordnummer 126

6200 WC Maastricht NL

E-mail: medischdossier.patientenzorg@mumc.nl

- Send a copy of your identification document. (This will be destroyed following verification)
- In the event of an application for medical data relating to children between the ages of 12 and 16 years, both the child and the parent/guardian must sign the application form. A copy of a valid identification document of both (child and parent/guardian) must also be submitted.

Uitgave april 2022

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