

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 initialsM/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 applicant
.....M/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?

.....

For which period?

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

Explanatory notes to application

.....
.....

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 of applicant

.....

Power of attorney

The patient with patient number.....(if known)

Name and initialsM/F*

Hereby grants permission to the applicant (name)

Signature of patient

Signature of authorised representative

.....

.....

Contact

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

Maastricht UMC+

Aanvraag medisch dossier, RVE Patiënt & Zorg

Antwoordnummer 126

6200 WC Maastricht NL

E-mail: medischdossier.patiëntenzorg@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.

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