

Request form personal and medical data

Fill in the details of the patient about whom the personal and medical data are concerned.

Name
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:
Surname:
Initial(s):
Birth name:
Date of birth
Address
Street:
House number:
Addition:
Zip code:
City:
Contact
Email address:
Phone number (mobile phone number):
Phone number (fixed phone number):

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Fill in the following if the applicant is a person other than the patient about whom the personal and medical data are concerned.

Name
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:
Surname:
Initial(s):
Birth name:
Relation to the patient
Address
Street:
House number:
Addition:
Zip code:
City:
Contact
Email address:
Phone number (mobile phone number):
Phone number (fixed phone number):

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Indicate what the request is about with regard to the medical file.

- Inspection in the medical file
- Copy from the medical file
- Correction of data in the medical file
- Completion of data in the medical file
- (Partial) deletion of data from the medical file
- Destruction of medical data from the medical file
- Oppose to the processing of data
- Other:

Indicate which data in the medical file the request is about.

Name of the healthcare provider

It concerns data about the treatment at:

Period of the treatment

The treatment took place in the period:

If the request only concerns specific data, please fill in which data.

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Signature of the request by the applicant.

Place:
Date:
Signature:
Registration number of proof of identity:

Submission of the Request form personal and medical data

We ask you to bring the request form to the GP practice yourself and to take your proof of identity with you, so we can verify your identity.

Processing of the request takes place after approval and can take a few days. Therefore it is not possible to wait for a copy at the GP practice.

Method of receipt of the copy

If your request can be fulfilled and you wish to receive a copy, this will be sent to you by post. The GP practice is not liable for mistakes in mail delivery.

If you prefer to collect the copy in person (or by an authorized representative) at the GP practice, you can indicate this below.

I wish to collect the copy at the GP practice.