

Request form for a copy personal medical records

Explanatory notes on requesting a copy of medical records

MijnOLVG

MijnOLVG is a free service for all OLVG patients. It makes it easier for OLVG to help you and also makes OLVG more accessible. Using the MijnOLVG patient portal, you can arrange and view a range of things online. For instance, you can make or cancel appointments, view test results or ask the doctor questions. It means you don't need to call OLVG. MijnOLVG works in a private and secure environment. Go to www.mijnolvg.nl

Requests from other healthcare providers

The institutions below can view your radiological examinations (X-rays, CT scans, MRIs) online after you have given your permission.

- BovenIJ Hospital, Amsterdam
- DC Klinieken Lairesse, Amsterdam
- Medisch Centrum Jan van Goyen, Amsterdam
- Bergman Clinics, Naarden

Legal requests and requests from third parties

All legal requests are handled by the Legal Affairs department, such as copies for liability claims, deceased patients, deletion of records.

The medical departments themselves handle requests from third parties, such as medical examiners and lawyers. They can put their request directly to the secretariat of the relevant medical department.

How does another doctor obtain a copy of my medical records?

If you request a second opinion or treatment from another specialist **within** OLVG, you do not need to do anything. All OLVG doctors work with the same medical records. As soon as the other specialist is involved in your treatment, he or she will have access to your records.

Do you have an appointment with a specialist or practitioner **outside** OLVG? Then, having obtained your permission, the specialist or doctor-practitioner (not a paramedic) will request your medical data from OLVG, or you will be requested to provide the information yourself.

How long does it take to send a copy to another doctor?

If the other doctor works outside OLVG, retrieval and copying will take time. The other doctor will receive the copy of your medical records within two weeks. A note will be included in your records stating that the copies have been sent.

Requesting access to your medical records

You may request access to your records from the department at which you are being treated. Contact the doctor treating you, the outpatient clinic desk or secretariat to schedule an appointment to access your records.

Requesting a copy of your medical records yourself

If the doctor treating you asks you to bring information from your medical records with you, please fill in this request form. OLVG will process only fully and correctly completed forms. Read this information carefully before completing the form.

Patient details

This is where you state the details of the person to whom the medical records relate. Patients aged 12 and above who are capable of informed consent must request a copy of their medical reports themselves.

The person making the request is someone other than the patient

- Parents or guardians entrusted with parental authority over a minor under the age of 12 may request a copy of the child's medical records.
- Parents or guardians representing a minor patient (12-18 years) incapable of informed consent may request a copy of the patient's medical records.
- A representative of an adult patient incapable of informed consent may request a copy of the patient's medical records. The following persons may be regarded as representatives:
 1. A curator or mentor (appointed by the court);
 2. A proxy with written authorisation;
 3. Spouse, registered partner or other life partner;
 4. Parent, child, brother or sister.

A number of documents are required in order to process your request:

If the request concerns your own records, please provide us with the following:

- A completed request form for a copy of the medical records
- A copy of a valid ID for you (see below)

If you are someone other than the patient, please provide us with the following:

- A completed request form for a copy of the medical records
- A copy of a valid ID for the patient (see below)
- A copy of valid ID for you as the person making the request (see below)
- In the case of inability to give informed consent in respect of patients aged between 12-18 years; proof that you have parental authority as a parent or guardian
- In the case of inability to give informed consent in respect of adult patients; a copy of proof that you are the legal representative (mentor/curator) or proxy with written authorisation

About the copy of ID

If you hand in the request form in person at the Patient Service Point, the staff member will check your ID. If you submit the request by post or by email, please enclose or attach a copy of your ID.

Please follow government guidelines when providing a copy of your ID:

Write the following on the copy:

- That it is a copy
- For whom or for which product the copy is intended
- The date on which you issue the copy
- Cross out your Citizen Service Number in the document and also in the line of numbers at the bottom.

Tip: Use the Ministry of the Interior and Kingdom Relations' KopieID app.

Once the data are in your possession, OLVG will delete the copy of your ID within one month.

Where should you submit the request form for a copy of your medical records?

You can do this in person at the Patient Service Point, by post or by email.

- Patient Service Point, East Location: In the 'Lichtstraat', the central hall.
- Patient Service Point, West Location: In the central hall.
- Postal address: OLVG, locatie Oost, afdeling KMD, Postbus 95500, 1090 HM Amsterdam
- Email address: kmd@olvg.nl

What to do if you have any questions about requesting a copy of your medical records or if you need help with this

The Patient Service Point will be happy to help you with any questions or with completing the request form. You can also contact the Patient Service Point on telephone number 020 599 42 72.

How long will it be before the copies are ready?

OLVG aims to provide you with the copy within four weeks.

How will you receive the copies of your medical records?

OLVG's preference is to provide you with the copy digitally on a secure USB stick. That USB stick will be password-protected. You will receive the password in a separate envelope.

Please note: images can be supplied digitally only. You can specify on the form how you wish to receive the data:

1. You will collect the USB stick yourself from the Patient Service Point

We will send you a message (by email or phone) telling you when you can collect the copies.

2. An authorised representative will collect the USB stick from the Patient Service Point

If you would like someone other than you to collect the copy of your medical records, please also enter the information under 'Authorisation' on the form. The request is valid only with a signature of both parties and after both their identities have been verified. Please note: Privacy guidelines mean that children aged between 12 and 15 years may not issue authorisations. Children must therefore also collect the documents themselves.

3. You wish to receive a USB stick by post

OLVG will send the USB stick containing the copies to you. OLVG will send you a message by email or by phone. You will pay by making a transfer to IBAN **NL28 ABNA 0232 5141 00** with the subject: KMD, patient name and OLVG patient number. You will pay €9.80 for postage within the Netherlands. Once confirmation of your payment has been received, we will send you the copy of your medical records.

Would you like us to send you the copy of your medical records (KMD) on a USB stick by registered post?

This is possible and we will charge you additional costs. Check [here for the rates](#).

How much does a copy of the medical records cost?

The first copy of your medical record is provided for free. We do charge a fee if you request another copy.

Please read the explanatory notes on requesting a copy of medical records first

Please allow for a delivery time of up to four weeks

Patient details

Surname (name at birth): _____

Initials (first name) _____

Gender: man woman

OLVG patient number _____

Date of birth: _____

Address: _____

Postcode and town or city: _____

Tel. no.: _____

Email (mandatory) _____

Details of the request:

Records covering the (admission) period: from _____ to: _____

At which location(s) are you receiving/did you receive treatment? East West

Requested information from the records:

- letter, including discharge letter, to the GP
- Radiology images (on CD-ROM only)
- Radiology report(s) (X-rays, MRI, CT)
- Surgery report(s)
- Laboratory report(s)
- Other:

Department(s) concerned:

- Surgery
- Gynaecology
- Neurology
- Orthopaedics
- Radiology
- Emergency Department (A&E)
- Other

Reason for the request:

- Request in connection with treatment with another healthcare provider outside OLVG
 - Name of healthcare institution (entry required)
 - Department (entry required)
- Information for another party
- Other/information for inspection/own use

Explanation of the condition/disease (optional):

Issuing a copy of medical records (KMD)

How you receive the information will depend on the nature of your request.

- OLVG always sends radiology images digitally.
- Medical information is on a USB stick. You will agree with OLVG whether you will collect the USB yourself or receive it by post. You will be notified by email or phone when the information can be collected.

USB sticks that are not collected after two months will be destroyed.

To be completed by OLVG

- Radiology examination results to other institution
- Radiology examination results to patient
- Patient will collect USB stick from East location West location
- Patient wishes to receive the USB stick by post

Signature

Place: _____

Date: _____

Signature of person submitting

request: _____

Send the request form together with a copy of your ID to OLVG, for the attention of afdeling KMD, Postbus 95500, 1090 HM Amsterdam or to KMD@olvq.nl. Only fully completed forms accompanied by a copy of an ID will be processed.

Authorisation (complete only if an authorised representative is collecting your medical records)

I hereby authorise:

Surname (name at birth): _____

Initials (first name) _____

Gender: man woman

Tel. no.: _____

Email: _____

Information (optional): _____

Date _____ Signature of patient
(enclose copy of valid ID or show it _____
at the desk)

Signature of authorised
representative _____
(show ID on collection)

Oost
Oosterpark 9
1091 AC Amsterdam

West
Jan Tooropstraat 164
1061 AE Amsterdam

Spuistraat
Spuistraat 239 A
1012 VP Amsterdam

Onze Algemene Voorwaarden zijn van toepassing: www.olvg.nl/algemene-behandelvoorwaarden

Aanmelden MijnOLVG via www.mijnolvg.nl | Klacht of opmerking: www.olvg.nl/klacht

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