

## Application form for inspection, copy, correction or destruction of medical data

Fill in the concerning patient's details.

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

In case applicant is not the concerning patient fill in applicant's details.

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

Indicate what this application relates to.

<input type="checkbox"/> Inspection medical file
<input type="checkbox"/> Copy of / from medical file
<input type="checkbox"/> Correction of the objective data in the medical file
<input type="checkbox"/> Destruction of medical data from the medical file

Fill in what data the application relates to.

<b>Name practitioner</b>
It concerns data about treatment at:
<b>Period of treatment</b>
The treatment took place in the period(s):
<b>If the application only concerns specific data, please fill in which data.</b>

<b>Signature</b>
Place:
Date:
Signature:
Registration number of proof of identity:

**Submission of the application form**

We request you to bring the application form to the practice yourself along with your proof of identity so we can verify your identity.

Since compiling your copy may take several days and will take place after approval of your application it is not possible to wait for your copy at the practice.

**Method of receipt of the copy**

If your application can be fulfilled, a copy of the requested data will be sent to you by post. Note that the general 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 practice, you can indicate this below.

<input type="checkbox"/> I wish to collect the copy at the practice.
--