

Request for review/copy/change/supplementation/destruction of medical records

Patient data

Given name man : _____
 Given name woman: _____
 Initial(s) : _____
 Date of birth : ____ / ____ / ____
 Sex : male female
 Address : _____
 Postal code : _____
 City/Town : _____
 Country : _____
Mobile phone nr. : _____
 E-mail address : _____

Third party data

(In case of a request is done on behalf of a patient)

Given name man : _____
 Given name woman: _____
 Initial(s) : _____
 Date of birth : ____ / ____ / ____
 Relationship with patient: _____
 Address : _____
 Postal code : _____
 City/Town : _____
 Country : _____
Mobile phone nr. : _____
 E-mail address : _____

Request for records (you are required to send a copy of a valid government issued picture ID)

1. What kind of request would you like to submit? (Please check what applies)

- I want to view my medical record
- I want a copy of (part of) my medical records (file)
- I want a copy of an X-ray / MRI / CT /
- I want to have my medical records (file) changed / edited / destroyed

2. What type of hospital visit are these records about? (please check what applies)

- It concerns an outpatient treatment / consultation (outpatient record)
- It concerns a hospitalization (inpatient record)
- It concerns an ED visit

3. In which period was the hospital visit?

date from : ____ / ____ / ____ date until: ____ / ____ / ____

4. At which medical specialty and specialist did the treatment take place?

5. Reason for request

Signature

 Signature

Date: ____ / ____ / ____

 Signature Child 12-17 years (if applicable)

Initials employee: _____

Who is entitled to have access and / or a copy of your medical record?

- You have the right to view your own medical record and receive a copy of it.
- Your family members are only entitled to inspect or receive a copy of your medical records if you have given them written permission to do so. Parents and legal representatives of children up to the age of twelve have the right to direct access to or a copy of their child's medical record;
- Children between the ages of twelve and seventeen must personally agree for parents to request their medical records;
- Anyone older than seventeen years decides independently about access to his or her records;
- A non-authoritative parent is not entitled to access or a copy of a child's medical records;

Procedure

We need the following documents to be able to process your request:

- Application for yourself: application form, copy of your valid ID with reason for application. With a request for change, addition and / or destruction, also include a written motivation;
- Application for another person: application form, copy of your government issued id, authorization of the person concerned, copy of a government issued id of the person concerned and written consent;
- Application for a deceased person: application form, copy of your ID, ID of the deceased and written motivation;

Presentation of a valid proof of identity is mandatory.

The administration fee involved is AWG 25.- if the person picks up the record at the Medical Records Department. If the record has to be sent abroad, the administration fee is USD 70.-.

Please note, the family of a deceased patient is not automatically entitled to a copy of the medical record. The legal protection of the patient's privacy also applies after death.

The documents can be sent to:

Medical Records Department

Dr. Horacio Oduber Hospital

Dr. Horacio Oduber Hospital Blvd #1

Oranjestad, Aruba

E-mail: medicalrecords@hoharuba.com

You will receive written confirmation of your application. It takes a maximum of four weeks to process your request.

Your request will be submitted to the specialist concerned or the physician on duty.

If your medical file is not collected within 1 month after you have received a notification that it can be collected, it will be destroyed for security reasons. You will have to submit a new request if you still want your medical file.

The Medical Administration department will make an appointment with you or the specialist involved for inspection.

We will send a copy of the requested record by registered mail to the address you provided. If you have any questions about this form or the procedure, you can contact the Medical Administration department of the Dr. Horacio Oduber Hospital by telephone at number (+297) 527 4440.