

Request for a copy of patient file

Art. 9 §3 of the Law of 22 August 2002 on patient rights

Patient identification (Please attach a copy of the patient's ID card)

First name: Surname:

Date of birth: / /

Phone: AND/OR email:

The patient wishes to receive the information:

- in person
 by email at:
 by post at:

Applicant

- the patient
 NOT the patient (attach a copy of the applicant's ID card)

First name: Surname:

Street: No.: Box:

City: Postal code:

Phone: AND/OR email:

Relationship to the patient:

- Parent or guardian of a minor (from age 16, the patient's consent is required)
 Authorized representative (attach proof using designated form:
[Patiëntenrechten: voorbeeldformulieren vertrouwenspersoon en vertegenwoordiger | FOD Volksgezondheid](#))
 Legal proxy (attach proof using designated form:
[Patiëntenrechten: voorbeeldformulieren vertrouwenspersoon en vertegenwoordiger | FOD Volksgezondheid](#))

Requested data

- campus Bornem
- campus Rumst
- campus Willebroek

- Hospitalization in department: Period: / /
 - medical records
 - medical imaging (X-ray, MRI, ...)
 - lab results

- Consultation at: Period: / /
 - medical records
 - medical imaging (X-ray, MRI, ...)
 - lab results

- Other: Period: / /

If necessary, you can provide additional details on the back of this form. Don't forget to date and sign it.

Reason for this request

(Please state clearly and briefly)

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Name, signature and date – patient

If the applicant is not the patient:
Name, signature and date – applicant(s)

..... / /

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Please return this form to the Medical Archive of AZ Rivierenland via one of the following options:

- By post:
 - AZ Rivierenland, attn. Medical Archive, Kasteelstraat 23, 2880 Bornem
 - or AZ Rivierenland, attn. Medical Archive, 's Herenbaan 172, 2840 Rumst
- By hand:
 - At the reception desk of the Bornem, Rumst or Willebroek campuses
 - (Place in a sealed envelope addressed to Ms. Hilde Boeykens, Head of Medical Archive)
- By email: medischarchief@azr.be