**Medical Record Request / Consent to Release Form**

***personal information***

Full name : *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Citizen service number (BSN): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of birth (dd/mm/yyyy): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Address and place of residence: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Telephone number : *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

E-mail address: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Data concerning your health is sensitive. In order to protect it, strict requirements are imposed on requesting and forwarding medical information. This is laid down by law in the privacy legislation (GDPR) and the Dutch Medical Treatment Contracts Act (WGBO). Your details may only be shared if this is necessary for your treatment and you give your written concent:

**Declaration of consent**

By signing this form you declare that you understand why your medical data are necessary for carrying out your treatment at Maastro. You give Maastro permission to request (copies of) your medical data. We will do this with the referring specialist or another institution that has relevant (medical) information for the treatment.

**Withdrawal of consent**

You can withdraw or amend your permission for the retrieval of medical data at any time. Doing so before or during your treatment may have consequences. The Maastro staff member can tell you more about this.

Location: Date:

Signature patient: Signatory other than patient:

 (In case of death or legal incapacity)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

This form can be sent to: gegevensopvragen@maastro.nl

or to the postal address: Maastro,

 T.a.v. Patiëntenplanning, Postbus 3035, 6202 NA Maastricht