



## REQUEST FORM MEDICAL RECORDS

**Important! Only fully completed and signed forms will be processed.**

### Request your file on time!

You are responsible for submitting your request in time. We will provide the file within the legal term of 4 weeks. Urgent requests are handled within 2 weeks.

Urgent request

### PART 1 - WHICH MEDICAL RECORDS ARE YOU REQUESTING?

I wish to view my medical records

**i** You can view your records via our patient portal [mijn.franciscus.nl](https://mijn.franciscus.nl) or your personal health environment (PGO). You'll need a DigiD to log in. More info: [PGO.nl](https://www.pgo.nl) or [DigiD.nl](https://www.digid.nl)

In the patient portal you can find your medical records, test results and reports, your appointments, and the personal details we have on file.

To use [mijn.franciscus.nl](https://mijn.franciscus.nl), you need a DigiD. If you do not yet have a DigiD, you can request one at <https://www.digid.nl>.

**! Please note**  
The portal only contains data from after 2018 and does not include images.

I request a **partial copy** of my medical record

**i** For information related to one specific specialty. Indicate the specialty and period in part 2.

A partial copy can be used to request a second opinion, for follow-up treatment at another healthcare institution, to arrange home care, or to inform organizations such as the UWV (Employee Insurance Agency) and CIZ (Centre for Indications of Care).

You may also need a partial copy for your lawyer or insurance company.

I request a **full copy** of my medical record

**i** Includes all Medical specialties where you were treated and outpatient reports. Nursing reports are not included by default.

This is useful when emigrating, switching healthcare providers, or for legal/insurance purposes.

I request my nursing reports too

I request radiology images

**i** This is useful for appointments in another hospital or a second opinion.

**! Note**  
Images are delivered digitally only - not on DVD, CD-ROM, or USB.

### PART 2 - FOR WHICH PERIOD AND SPECIALTY DO YOU REQUEST THE RECORDS?\*

Period From  to

Specialty/Specialties

\*Only needed for partial record requests

## PART 3 – WHO ARE YOU REQUESTING MEDICAL RECORDS FOR?

I am requesting my own records

- i** 1. Sign as 'Patient' in Part 6.  
2. Include a copy of a valid ID.

I am requesting records for my child

- i** For children aged 16 and older, the rules for adults apply. They can/must submit a request themselves.

Under 12 years old

1. The parent/guardian signs at 'parent/guardian' in Part 6.
2. The parent/guardian includes a copy of a valid ID.

Ages 12-16

1. The parent/guardian signs at 'Parent' in Part 6.
2. Your child is required to co-sign the form at 'signature patient.'
3. The parent/guardian and the child (12 years or older) must both include a copy of their valid ID.

If the child has no ID and is under 14, send a copy of the SVB letter or BSN registration.

I am requesting records for someone else (incapacitated or authorised representative)

**i** **Incapacitated person**

1. The applicant signs under 'Signature of applicant, if different from patient' in Part 6.
2. Include a copy of a valid ID for both the applicant and the patient.
3. Include the court decision showing that you are the patient's mentor, administrator, or curator.

Are you an **authorized representative**? Then the following conditions apply:

1. The patient signs under 'Signature of patient', and the authorized representative signs under 'Signature of applicant, if different from patient' in Part 6.
2. Both the patient and the authorized representative must provide a valid ID.

**If you are requesting the medical file of a deceased person, do not use this form. Visit [franciscus.nl](http://franciscus.nl) for the appropriate form.**

## PART 4 – APPLICANT INFORMATION

- Are you requesting your own medical records? Then fill in only A (Patient's information).
- Are you requesting medical records for your child (under 16) or another person (who is incapacitated or for whom you are an authorized representative)? Then fill in column A (Patient's information) with the details of the patient in question, and fill in column B (Applicant details (if not the patient) with your own details.

### A Patient details

Last name\*:

Initials\*:

Gender:

Date of birth\*:

Email address:

BSN (citizen service number)\*:

Patiëntnummer:

Street name:

House number\*:  Postal code\*:

City\*:

Phone number\*:

### B Applicant details (if not the patient)

I am Guardian

I am Authorised representative

Last name\*:

Initials\*:

Gender:

Date of birth\*:

BSN\*:

Street name:

House number\*:  Postal code\*:

City\*:

Phone number\*:

Email address\*:

Relationship to the patient\*:

\* Recured field

## PART 5 – HOW WOULD YOU LIKE TO RECEIVE THE REQUESTED MEDICAL RECORDS?

We can send you a copy of the medical record via secure email, or you can collect it in person. If you choose to collect it, we will notify you by phone or email when the records are ready. Please note: If the request form and the copy of the medical record are not collected within 3 months of submitting the request, they will be destroyed. This is required by law. You will need to submit a new request if this occurs.

**It is not possible to receive the medical records on a DVD, CD-ROM or USB stick.  
The medical record is issued only in Dutch. It cannot be provided in any other language.**

Geef hieronder uw keuze aan.

I want to receive the records via secure email to the applicant's email address

I will pick up the medical records at:

Franciscus Gasthuis, Kleiweg 500, Rotterdam

Franciscus Vlietland, Vlietlandplein 2, Schiedam

### I want to authorize someone to collect or receive my medical records by email.

If you want to authorize someone to receive or collect your medical records, you must:

1. Fill in the details of the authorized person.
2. Include a copy of the ID of both the authorized person and the patient.
3. The authorized person must sign the form under "Signature of authorised person" in Part 6.

Last name:

Street name:

Initials:

Postal code:  City:

Date of birth:

Phone number:

Email address:

## PART 6 – SIGNATURES

In Part 3, you can check how and by whom this request form should be signed.

Signature of **patient**:

Signature of **applicant**  
(if different from patient):

Signature of **parent/guardian**  
(for children under 16)

Signature of **authorised**  
person (for pickup/  
receipt only):

Place:

Date:

## SUBMITTING YOUR REQUEST

### By post

Send the completed form and ID copy to:  
Franciscus  
Attn. Patiënten Service Bureau  
PO Box 215  
3100 AE Schiedam

### By email

Send to: [psb@franciscus.nl](mailto:psb@franciscus.nl)  
Attach scans of the form and required IDs in PDF format.  
Include court documents if applicable.

### Identification

Always include a valid copy of your ID (passport, ID card, residence permit, or driver's license). Some requests require two IDs – see Part 3. We do not save your ID; it is used only to verify your identity.

For more info on making a secure copy of your ID, visit: <https://www.rijksoverheid.nl/onderwerpen/identiteitsfraude/vraag-en-antwoord/veilige-kopie-identiteitsbewijs>

## QUESTIONS

Do you have any questions about completing the medical records request form? Or would you like to know something else before submitting a request to us? Please feel free to contact the Patient Service Bureau at +31 (0)10 461 61 16, Monday to Thursday from 8:30 a.m. to 1:30 p.m., or email [psb@franciscus.nl](mailto:psb@franciscus.nl).