

**EXPLANATION PROCEDURE ACCESS TO THE PATIENT RECORD
OF A DECEASED PATIENT**

Art. 9 §4 Law of 22 August 2002 on patient rights

- After death, the deceased patient's wife/husband, partner and blood relatives up to the second degree can request for indirect access to the patient record. Within this group there is no hierarchy, everyone has autonomous rights.
- The law on patient rights only provides an **indirect** access by a professional practitioner (physician, nurse, midwife, pharmacist, dentist or paramedic) to be appointed by the applicant. Access takes place at UZ Leuven, and the applicant cannot be present during this. The appointed professional practitioner can inspect the record at UZ Leuven and make notes so as to inform relatives later.
- The application has to be sufficiently motivated and specified, and the patient can't have opposed post-mortem access when he was still alive.
- Access is limited to the data directly linked to the motivation given by the applicant. It is therefore important to describe the motivation or reason for the request as clearly as possible.

HOW YOUR REQUEST WILL BE PROCESSED

- ⇒ Send the completed and signed form to UZ Leuven, marked for the attention of 'dienst afschrift medisch dossier', Herestraat, 49, 3000 Leuven; alternatively, you can send it by fax: 016 34 46 55 or by email: amd@uzleuven.be
- ⇒ As soon as the file has been finalised, you will receive notification and the appointed professional practitioner will be invited to inspect the records.

Request to access the record of a deceased patient

IDENTITY OF THE DECEASED PATIENT

- Name and first name
- Date of birth
- Date of death

REQUESTING PARTY

(please add a copy of your ID card)

- Name and first name
- Address
- Telephone number
- Degree of kinship

REQUESTED DATA

- **Hospital admission** on department of Period/dates:.....
 - Medical data
 - Medical imaging (RX, MRI ...)
 - Lab results
- **Consultation** bij department Period/dates:.....
 - Medical data
 - Medical imaging (RX, MRI ...)
 - Lab results
- **Other**

CLEARLY SPECIFIED MOTIVATION OR REASON FOR REQUEST

.....
.....

AUTHORISATION FOR A PROFESSIONAL PRACTITIONER APPOINTED BY THE APPLICANT

The undersigned, (name applicant) hereby gives UZ Leuven permission to give (name professional practitioner) access to the data from the the patient record of (name deceased patient).

The appointed professional practitioner is a

- physician
- nurse
- physiotherapist
- dentist
- pharmacist
- midwife
- paramedic
- other:

The professional practitioner has to prove his identity with this form, his ID card, a certificate/degree/stamp which demonstrates his professional qualifications or his NIHDI (RIZIV) number.

The professional practitioner confirms that

- he/she will only orally pass on information from the patient record to the applicant. It is not allowed to take pictures of make copies of the record that is made available for inspection.
- He/she is not related to the deceased patient.

Signature applicant:

.....

Signature professional practitioner:

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Date:

.....

TO BE COMPLETED AT TIME OF INSPECTION

Signature professional practitioner:

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Date of inspection:

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