

Request for copy of data from a deceased minor
PATIENT'S IDENTITY

- Surname and first name
- Address

- Date of birth
- Date of death
- I would like to receive the data:
 - by post
 - in person
 - via secure mail

REQUESTING PARTY (please add copy of identity card)

- Surname and first name
- Address

- Relationship to patient

The undersigned agrees to the procedure and provisions set out on the reverse side of this form.

Signature: Date:

REQUESTED DATA

- Hospitalisation** in department Period/data:
 - Medical data
 - Login codes which you can use to view the medical imaging online
 - Lab results
 - Consultation** at service Period/data:
 - Medical data
 - Login codes which you can use to view the medical imaging online
 - Lab results
 - Other**
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JUSTIFICATION OR REASON FOR REQUEST *(obligatory for blood relatives up to and including the second degree)*

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Who has the right to a transcript/inspection after the death of a minor patient?

Art. 12 Patient Rights Act

§ 1 In the case of a patient who is a minor, the rights established by this Act shall be exercised by the persons exercising authority over the minor in accordance with Book I Title IX of the old Civil Code or by his guardian.

§ 2. *The patient shall be involved in the exercise of his rights taking into account his age and maturity. The rights listed in this Act may be exercised independently by the minor patient who can be considered capable of a reasonable assessment of his interests.*

Art. 9 § 4/1 Patient Rights Act

After the death of a minor patient, the person who was acting as the patient's representative at the time of the patient's death and the patient's relatives up to and including the second degree may exercise the right of inspection and the right to copies. The request of the patient's relatives up to and including the second degree is sufficiently justified and specified. If the minor patient exercised his rights independently during life, the right shall accrue to the person who would have represented the minor patient. The right to access and copy cannot be exercised if the patient, has expressly opposed it. (...) The healthcare professional shall refuse the said copy if he has clear indications that the person concerned is being pressurised into communicating a copy of the patient record to third parties. (...)

Art. 15 § 1 Patient Rights Act

With a view to protecting the patient's privacy (...), the healthcare professional concerned may refuse the request in whole or in part. In such case, the right to access or copy shall be exercised by a designated healthcare professional (= doctors, dentists, pharmacists, midwives, physiotherapists, nurses and paramedics).

HOW YOUR REQUEST WILL BE PROCESSED

- ⇒ Send the completed and signed form along with a copy of your identity card to UZ Leuven, marked for the attention of 'dienst afschrift patiëntgegevens', Herestraat, 49, 3000 Leuven; alternatively, you can send them by fax: 016/34.46.55 or by email: amd@uzleuven.be
- ⇒ The law on patients' rights sets a deadline of 15 days (after receipt of your application) for the response to your request.