máxima mc

REQUEST FOR DESTRUCTION, REMOVAL OR CORRECTION OF YOUR FILE

If you would like to have (content) of your medical file destroyed, removed or corrected, you can request this from your treating medical specialist by filling in this form. MMC aims to complete your request within 1 (one) month. If it concerns a complex request or your request relates to several specialist sub-files, this can take up to a maximum of 3 (three) months.

Procedure:

1. Complete and sign this form. Indicate clearly what you wish to destroy, removed of corrected.
2. In order to determine your identity remotely it is necessary that the application is accompanied by a copy of your identification. If desired, the unnecessary identity information such as the citizen service number (in Dutch: BSN), photo and signature may be shielded.
3. Send the completed form and copy of your identification to: Máxima Medisch Centrum, t.a.v. CMA, Postbus 90052, 5600 PD Eindhoven.
4. After submitting your request, you will receive a written confirmation. If there are any questions, the complaints officer may contact you.

How your request will be handled:
Department Zorg- en Informatietechnologie (ZIT) is responsible for processing your request. To carry out your request they must consult your file to find out which care provider should assess the request and to destroy, remove and/or correct the relevant data.

What if we are not allowed to comply with your request?
There are situations conceivable in which your request cannot or may not (just) be honored. For example if you are currently or were recently in treatment and your request relates to this (part of the) file or there is a legal (complaints) procedure related to your treatment in our hospital. The right to correction only applies insofar as it concerns factual inaccuracies (for example, an error in a name or date of birth). If you do not agree with impressions, opinions or conclusions of treating specialists, these cannot be corrected. In this case you have the right to include your personal statement to the file. If your specialist is of the opinion that your correction request cannot be granted, this request will be added to your medical file as your personal statement.

Concerned patient:

initials	:	.....
surname *(in accordance with identification)*	:	.....
address	:	.....
zip-code and residence	:	.....
date of birth	:	.....
phone numer	:	.....

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Wishes to destroy, remove or correct the following part(s) of the file:

☐ Entire (para)medical and nursing file

☐ Part of the (para)medical and nursing file, namely:

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Explanation:

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Signature concerned patient:

signature concerned patient	*place*	*date*

Signature specific situations:

- If the concerned patient is < 12 years old the application must be signed by and accompanied by a copy of the identity document of the parent(s) in charge.
- In the case of legal representation, the application must be signed by the legal representative, accompanied by supporting documentation and accompanied by a copy of the legal representative's identification.

signature parent or legal representative 1	*place*	*date*

signature parent or legal representative 2	*place*	*date*

PLEASE ADD COPY OF RELEVANT IDENTIFICATION!