Regionaal ziekenhuis
Heilig Hart Leuven

REQUEST FOR ACCESS TO THE PATIENT FILE OF A DECEASED PATIENT

Identity of the deceased patient

Name and surname: ……..

Date of Birth: ……

Applicant (Please attach a copy of your identity card)

Name and surname: ……..

Address: ……..

……..

Phone number: ……..

Degree of relationship: ……

The desired data

0 **Hospitalization** in the department……..period/dates…… 0 medical data 0 nursing data 0 access codes with which you can view the medical images 0 lab results 0

other:……

0 **Consultation** with the service or doctor……period/dates…… 0 medical data 0 access codes with which you can view the medical images 0 lab results 0

other:……

0 Other……

0 If you are requesting **data from before the year 2000 ,** please indicate which doctors you require data from:

……

……

Clearly specified motivation or reason for the request

……
……
……
……
……

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Authorization for a professional designated by the applicant

The undersigned hereby gives.....(name *applicant),* the permission to the Regional Hospital Heilig Hart Leuven to … .....(name of *professional)* to provide access to data from the patient file of ..... *(name of deceased) patient).*

The designated professional is
0 Arts
0 Nurse
0 Physiotherapist
0 Dentist
0 Pharmacist
0 Midwife
0 Paramedic
0 Other: ……

The professional must identify themselves with this form, their identity card, a certificate/diploma/stamp proving their professional competence, or their INAMI number.

The professional confirms

- that he/she will only communicate the information from the patient file to the applicant orally. It is not allowed to take photographs or copies of the file that is made available for inspection.
- That he/she is not a relative of the deceased patient.

Signature of applicant	Signature of professional	Date
……	……	……

To be completed at the time of inspection

Signature of professional	Date of inspection
……	……

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EXPLANATION OF THE PROCEDURE FOR INDIRECT ACCESS TO THE DECEASED PERSON'S PATIENT FILE (Art. 9 § 4 Patients' Rights Act)

- After death, the deceased patient's spouse, partner, and blood relatives up to the second degree can request indirect access to the patient's file. There is no hierarchy within this group; everyone has an autonomous right.

The Patient Rights Act only provides for indirect access by a healthcare professional (doctor, nurse, midwife, pharmacist, dentist, or paramedic) designated by the applicant. The access takes place at the Heilig Hart Regional Hospital, and the applicant cannot be present during the access. The designated healthcare professional can review the file at the Heilig Hart Regional Hospital and may take notes to inform relatives later.

- The application must be sufficiently motivated and specified and the patient may not be alive expressly object to access after death.
- Access is limited to data that are directly related to the motivation given by the applicant. It is therefore important to state the motivation or reason for the application as clearly as possible. describe.

PROCESSING your request

1) Send the completed and signed form together with a copy of your identity card to:
   Sacred Heart Regional Hospital
   to the Ombudsman
   Naamsestraat 105
   3000 Leuven
   or send it by email: ombudsdienst@hhleuven.be
2) Once the file is complete, you will receive a message and the designated professional will be invited to to come and inspect the file.