Regionaal ziekenhuis
Heilig Hart Leuven

REQUEST FOR COPY/INSPECTION OF DATA FROM THE PATIENT FILE OF A DECEASED MINOR

Patient identity

Name and surname: ……..

Address: …….

…….

…….

Date of Birth: ……

Date of death: ……..

I would

like: 0 to be sent by post 0 to collect
the details personally 0 to be sent by e-mail to my e-mail
address ……..
(if files are not too large)

Applicant (please attach a copy of your identity card)

Name and surname: ……..

Address: …….

…….

Phone number: ……..

Relationship to patient

0 parents or guardian of patient 0
blood relative up to and including the second degree, more specifically ……

I agree to the procedure and provisions as stated in the explanation below.

Signature …… Date ……

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……

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Motivation or reason for the application
(not mandatory for parents/ guardians, but mandatory for blood relatives up to and including the second degree)

……
……
……
……

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EXPLANATION OF PROCEDURE

Who is entitled to a copy/access after the death of a minor patient?

Art. 12 Patients' Rights Act

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

Section 2. The patient is involved in the exercise of their rights, taking into account their age and maturity. The rights listed in this law can be exercised independently by minors who can be deemed capable of reasonably assessing their own interests.

Art. 9 § 4/1 Patients' Rights Act

After the death of a minor patient, the person who, at the time of the patient's death, acted as representative of the patient and their blood relatives up to and including the second degree may exercise the right of access and the right to a copy. The request of the blood relatives up to and including the second degree of the patient must be sufficiently substantiated and specified. If the minor patient exercised their rights independently during their lifetime, this right belongs to the person who would have represented the minor patient. The right of access and a copy cannot be exercised if the patient has explicitly objected. (…) The healthcare professional shall refuse the intended copy if they have clear indications that the person concerned is being pressured to share a copy of the patient file with third parties. (…)

Art. 15 § 1 Patients' Rights Act

To protect the patient's privacy, the healthcare professional concerned may refuse the request in whole or in part. In such a case, the right to access or obtain a copy is exercised by a designated healthcare professional (doctors, dentists, pharmacists, midwives, physiotherapists, nurses, and paramedics).

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) The Patient Rights Act stipulates a period of 15 days (after receipt of your application) in which your request must be processed.