

## Your medical record

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The doctor who is treating you has created a medical record about you. This is necessary in order to provide quality treatment and care. But how does Maastricht UMC+ (MUMC+) handle your patient data? What are your rights? How can you ask to view or obtain a copy of your medical record? The answers to these and other questions can be found below.

### Which information is included in a medical record?

At MUMC+ we register all data that are important for your treatment in a medical record. The record contains:

- Personal data and notes about your health
- Information about the tests and treatments you have had, the findings of your own doctor and of other doctors, nurses or other care providers involved in your tests and treatments. This information may include surgery reports, X-rays, test results, copies of correspondence with your general practitioner (GP), etc.

### Confidential storage of medical records

The data in your medical record are not your property; the data must remain at MUMC+. We store the data for you. All personal medical data are treated strictly confidentially. In addition, all doctors, nurses and other hospital staff, such as assistants and receptionists, are bound to professional secrecy.

### Access for your GP

At MUMC+ we use a highly secure computer system, which can be accessed by general practitioners (GPs) in the region: the GP portal. Your GP, if registered in our system, can see the results of your medical tests and treatments via his/her own computer. The GP can inform you about these results.

### What are your rights?

As a patient you are entitled to:

- Obtain a copy of your record;
- View your record;
- Correct information in your record.



### Who holds which rights?

You are entitled to view your own medical record and to obtain a copy of the record. Family members have the right to view the record or to receive a copy only with your written permission. Parents and legal guardians of children up to 12 years of age are entitled to view and/or to obtain a copy of their child's medical record.

Parents and legal guardians of children between the ages of 12 and 16 years are only allowed to view their child's medical record or to request a copy with their child's permission.

Everyone over the age of 16 decides independently about who is permitted to view or to obtain a copy of their medical record. Parents without custody of their child have no right to view the child's medical record or to request a copy.

Surviving relatives only have the right to view or to obtain a copy of the medical record of a deceased family member if they have weighty reasons for their request (for instance a genetic disorder in the family history or other information specified by law) and the doctor thinks the deceased would most probably not have objected. If you want to view or receive a copy of the medical record of a deceased relative, submit a written request in which you also explain why you want to have access to the medical record.

The request will be reviewed for correctness and completeness in accordance with the law and regulations.

If a person's right to a copy of the record is questionable, for instance if the requested record concerns a deceased relative, the request will always be assessed in consultation with the director of Patient & Zorg, a legal adviser or the doctor who treated the patient. Depending on the reasons for the request, the medical record or part of it will be copied. Please allow approximately 1 month for the requested data to be disclosed to you.

## **Request to view a medical record: through your care provider**

Are you still receiving treatment? In that case, we advise you to discuss your request to view your medical record with your care provider. After being discharged from hospital, you can request a copy of your medical record, if so desired.

## **Can I add or change information in my record?**

Do you think specific data in your medical record are incorrect? Please ask your doctor to correct the data. If this is not possible, ask your doctor to add a statement noting your disagreement to the record.

## **Can I ask to have some or all data erased from my medical record?**

If you want to have some or all data erased from your medical record, please send a letter with your request to the director of *Patiënt & Zorg* at MUMC+. Indicate which data exactly you want to be erased and why. Some data cannot be erased because it is not possible or not allowed. Your doctor and the director of *Patiënt & Zorg* have to give their consent. There are no costs for the erasure of data.

## **Second opinion or treatment at another hospital**

If you visit another hospital for a second opinion or treatment, your new doctor can ask your doctor at MUMC+ for your medical data. The hospital can submit a request to the secretariat of the department where you received treatment. The request must be accompanied by a statement of approval signed by you. **MijnMUMC+**

You can view specific data in your medical record online from home via MijnMUMC+. For information about MijnMUMC+, please go to the MijnMUMC+ information desk at the Poliplein. You can also call 043-387 56 00 or send an email to [Mijnmumc@mumc.nl](mailto:Mijnmumc@mumc.nl). More information is also available on our website <https://www.mumc.nl/patienten-en-bezoekers/mijnmumc-portaal>.

## **Contact**

For information about access to medical records, please contact the *Dienst Medical Gegevensverstrekking* (Provision of Medical Data Service). Telephone number: 043-387 56 13 (weekdays between 8 a.m. and 4 p.m.).

## **Websites**

- [www.mumc.nl](http://www.mumc.nl) (see Medical Records and Patient Data for GPs)
- <https://www.rijksoverheid.nl/onderwerpen/rechten-van-patient-en-privacy/uw-medisch-dossier>

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Bezoekadres  
P. Debyelaan 25  
6229 HX Maastricht

Postadres  
Postbus 5800  
6202 AZ Maastricht

Algemeen telefoonnummer  
043-387 65 43  
[www.mumc.nl](http://www.mumc.nl)

## Your medical record

Form to request a copy of a medical record



### The request is made by

- The patient him/herself
- The patient's legal representative (include proof)
- A person authorised by the patient (fill in authorisation at the bottom of this form)
- Other .....

### Patient data

Patient number .....  
Surname and initials ..... M / F  
Date of birth .....  
Address .....  
Postal code and City .....  
Telephone number .....  
Email .....

### Data of the person submitting the request (if not the patient him/herself)

Fill in if the person submitting the request is not the patient  
(this is only permitted for patients under 12 years of age and relatives of a deceased patient):

Name person submitting request ..... M / F  
Address person submitting request .....  
Postal code and City .....  
Telephone number .....  
Relation to patient .....

### Data you wish to receive:

- Part of the medical record
- Part of the nursing dossier
- CD-ROM(s) with X-ray / MRI scan / CT scan (including report) .....
- Report on X-ray / MRI scan / CT scan of.....
- Discharge letter for GP .....
- Surgery report .....
- Other: .....

From which department(s) (e.g. orthopaedics / cardiology) do you wish to receive data?

.....

About which period do you wish to receive information?

From.....until.....

### Reason for request

What is the reason for your request?

.....

If you have changed to a different hospital or different doctor, either you or your new doctor can request a copy of your medical record.

## How do you wish to receive the information?

- Send me the information by registered post (€ 8,15).
- Notify me when I can collect the information from the Patient Information Centre in the Serrehal.

## Signature (Signature person requesting information)

Place ..... Date .....

Signature patient

Signature patient if between 12 – 16 years old

.....

.....

## Authorization

The patient with patient number..... (if known)

Surname and initials ..... M/F (delete as appropriate)

Hereby permits the person requesting information (name ) .....to obtain medical data.

Signature patient

Signature authorised person

.....

.....

## Please send the request form with a copy of your identification document to:

Maastricht UMC+  
Medical Record Request  
RVE Patiënt & Zorg  
Antwoordnummer 126  
6200 WC Maastricht

- Include a copy of your identification document (will be destroyed after verification)
- In case your request concerns medical data of a child between the age of 12 and 16 years, both the child and the parent/guardian must sign the request form. Also, copies of a valid ID of both the child and the parent/guardian must be included.
- In case your request concerns medical data of a deceased relative, add a letter explaining the motivation of your request.