

APPLICATION FOR THE RELEASE OF HEALTH DATA OR DOCUMENTS

Details of the applicant: 20 nr

first name and surname

personal identification code (in the absence thereof, date of birth)

phone number e-mail address.....

number of the applicant's identity document.....

passport ID-card driving licence other document

Details of the patient (completed if the applicant is not the patient):

first name and surname of the patient

personal identification code (in the absence thereof, date of birth).....

grounds for application (reference to legislation / consent / power of attorney)

DATA OR DOCUMENTS APPLIED FOR:

medical history/excerpt
/which medical history/excerpt or which part of a medical history/

analysis results
/which analysis results/

radiological examination images on a digital carrier CD USB
.....
/which examinations/

description of radiological examinations
/which examinations/

other document
/which document/

Comments:

METHOD OF ISSUING:

picked up by the patient picked up by
/first name and surname/

electronically send by registered letter to
/specify the exact address/

I am aware that the paper copies / discs requested will be retained for 30 calendar days after the date of submitting the application. If not picked up within the above-mentioned period, the copies or discs will be destroyed.

Applicant
/first name and surname/ /signature/

Release permitted yes no

Released to
/name of recipient/ /signature/ /date of release/

Number of the recipient's identity document
/type and number of document/

Released by
/name of employee/ /signature/