ACCESS TO MEDICAL RECORDS APPLICATION FORM

PLEASE FILL IN USING CAPITAL LETTERS AND MARK WITH 'X' IN SUITABLE SQUARES

Applicant's data:

.....
First name and last name

.....
PESEL number / passport number

.....
Phone number

.....
Address or e-mail to which the medical records should be sent

Acting: ☐ on my own behalf

or representing Patient as: ☐ a parent ☐ authorized person

☐ legal guardian ☐ actual guardian

I would like to ask you to provide the patient's medical records of:

.....
Patient's first and last name

.....
PESEL number / passport number

.....
Period of which the documentation is to be issued (from date to date)

.....
Type of medical records (e.g. health and illness history, test results, etc.)

I request access to the medical records in the following form:

☐ access to medical records (at location)

☐ issuing photocopies of medical records (at location)

☐ issuing an extract or an excerpt from medical documentation

☐ medical records scan sent via email (to the email address stated above)

☐ medical records sent by traditional mail to the address indicated above and at my expense (cash on delivery)

☐ **I declare that while requesting access to medical records via electronic means of communication, I was informed about the risks of sending data by electronic means.**

I acknowledge that Romana Borkowska, operating under the name ALERGO-MED Poradnia Specjalistyczna, is the administrator of my personal data for purposes related to the implementation of medical services. I have been informed about the right to access the content of the above-mentioned data and the right to correct, update, supplement and delete them. I am familiar with the information obligation resulting from Art. 13 GDPR (available on the websites alergo-med.com and badanialotniczolekarskie.pl and on the information boards of ALERGO-MED clinics)

.....
Date and signature

Providing contact details is voluntary and means consent to be contacted by ALERGO-MED in order to fulfill the above request.
The lack of this data may result in the inability to fulfill the request.