

References:

- ☞ Law to March 4, 2002, the rights of the patient
- ☞ Article 2 of the decree to April 29, 2002 on access to personal information owned by professional and health institution (articles L1111-7 and L1112-1 of the public health code)
- ☞ Order of 5 March 2004, good practice recommendations on access to information about the health of a person.

Form to return duly completed and signed:

Centre Hospitalier d' Ajaccio
Direction des Relations avec les Usagers
27 Avenue Impératrice Eugénie - BP 411
20 303 AJACCIO Cedex 01 - FRANCE

☞ Check the boxes corresponding to your choice.

PATIENT'S IDENTITY

Mrs, Mr, Miss :
 Date of birth : Phone number ☎ :
 Mail:.....
 Social security number/ National insurance number :
 (delete as appropriate ; specify the maiden name for married women)

Patient's dates of stay

Care Services

.....

APPLICANT QUALITY (if the applicant is not the patient)

Mrs, Mr, Miss :
 Date of birth : Phone number ☎ :
 (delete as appropriate ; specify the maiden name for married women)
 Mail:.....

QUALITY OF THE APPLICANT

<input type="checkbox"/> You have been hospitalized	<input type="checkbox"/> You are entitled to access to a medical file in case of death of your father, mother or children: Specify the motivation (Art L1110-4)
<input type="checkbox"/> You have parental authority, acting as a : <input type="radio"/> father <input type="radio"/> mother <input type="radio"/> legal guardian	- Know the causes of death <input type="checkbox"/>
<input type="checkbox"/> You are mandated (attached the patient's letter)	- Defend the memory of the deceased <input type="checkbox"/>
	- Rights to be argued <input type="checkbox"/>

NB : If the person has expressed a contrary intention, this request cannot be accepted.
 (Art.L 1111-5) Art 6 of the decree of March 29, 2002

VOUCHERS

- Photocopy front and back identity card or passeport
- Photocopy attesting parental authority (family record book, judgement or order rendered)
- Photocopy attesting to the exercise of guardianship (judgement or order rendered)
- Photocopy or document attesting to the status of rightful owner (notarial act or act of civil status)
- Photocopy of the life insurance policy of which you are the beneficiary

Turn, please

TRANSMISSION OF THE MEDICAL FILE

I request the communication according to the following modality:

<input type="checkbox"/> On-site consultation (free) (Art.R 710-2-1 CSP) Make an appointment with the doctor at the secretariat of the service concerned.	<input type="checkbox"/> Send to the doctor of your choice (Art.L1111-7 CSP) Name- First name: Address :	<input type="checkbox"/> Send home or next address Name- First name : Address :	<input type="checkbox"/> Withdrawal at the office of relations with the users
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SELECTING ALL OR PARTS OF YOUR MEDICAL FILE

Parts in the file (article R 710-2-2 of the public health code)

(Check the boxes corresponding to your request)

ADMISSION-STAY-CONSULTATION

- The letter from the doctor who initiated the consultation
- Reasons for hospitalization
- The search for antecedents and risk factors
- The conclusions of the initial clinical evaluation
- The type of care provided and the prescriptions made at the entrance
- The nature of the care provided and the prescriptions established during the external consultation or when going to the emergency room
- The information relating to care during hospitalization : clinical condition, care received, para-clinical examinations, including imaging
- Information on the medical/ surgical procedure
- The anesthesia file
- Operative or delivery report
- The patient's written consent for situations where such consent is required in this form
- The mention of transfusional acts performed on the patient and, optionally, copy of the transfusion incident card
- The elements relating to the medical prescription, to its execution and to the supplementary examinations
- The nursing record (or failing this, information relating to nursing care)
- Information about care provided by other health professionals
- Correspondance exchanged between health professionals
- Post mortem certification

DOCUMENTS DRAWN UP AT THE END OF THE HOSPITAL STAY

- The report of hospitalization and/or the letter written on the occasion of the exit
- The exit prescription and duplicate discharge orders
- The way out (home, other structures)
- The nurse and/or paramedical liaison sheet

The lack of supporting documents of you, within 3 months after sending this for, will lead the closing of the process of access to your file or that of a close.

I undertake to pay to Ajaccio Hospital Center the reproduction fees for requested documents (0.18€/page format A4 and medical imaging contretype) as well as the postage costs.

Date

SIGNATURE