

Request for access to somatic medical records

Form for completion by applicant - please use block letters. If you fill in on behalf of the patient, fill in under "requester's information" as well. If you are the patient, you must enclose a copy of identification (birth certificate, driver's license / bank card, passport or other public documentation). If you are requesting on behalf of the patient, you must enclose a power of attorney/consent from the patient, as well as valid identification of both you and the patient, documentation of kinship (birth or probate certificate) or other public documentation.

Patient details:

National Identity Number (11 digits): _____

Phone: _____

Full name: _____

Previous name (if applicable): _____

Address: _____

Date of death (if applicable): _____

Requester details:

National Identity Number (11 digits): _____

Phone: _____

Full name: _____

Relation to patient: _____

Address: _____

I request the following documentation (tick box and fill in if necessary):

Standard copy (all medical records/summaries)

Copy of documentation related to the following diagnose or treatment:

Copy of documentation from the following stay/consultation, time:

I request medical records from the following hospital under Akershus University Hospital:

Nordbyhagen

Stensby sykehus

Ski sykehus

Gardermoen

Lillestrøm sykehus

Skadelegevakta

Kongsvinger sykehus

Signature

By signing the form you confirm that the information given is correct. Providing false or misleading statements in order to obtain personal information that you are not entitled to, is a criminal offence and can lead to prosecution.

I am the patient

I am the requester

Date: _____

Signature: _____

Countersignature patient

(unless deceased): _____

Send your completed form and copy of ID to: **Akershus universitetssykehus HF, Saksarkivet, Postboks 1000, 1478 Lørenskog** or by e-mail to: **postmottak@ahus.no**

For sykehuset:

Utlevert dato: _____

Signatur: _____

NB: Ansvarlige for utleveringen har ansvar for å sørge for at skjema arkiveres i P360