

Date de création : 23/01/2018 (V1) – Date de la dernière modification : 21/07/2023 (V3)

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
1180 Route A Madonuccia
20 090 AJACCIO

PATIENT'S IDENTITY

Mrs, Mr :

Date of birth: N° ☎ :

Address :

APPLICANT QUALITY (if the applicant is not the patient)

Mrs, Mr :

Address :

N° ☎ :

☞ Check the boxes corresponding to your choice.

QUALITY OF THE APPLICANT :

- ☐ You have parental authority, acting as a: ☐ father ☐ mother ☐ legal guardian
- ☐ You are mandated (attached the patient's letter)
- ☐ 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) CSP*
 - ☐ Know the causes of death
 - ☐ Defend the memory of the deceased
 - ☐ Rights to be argued

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 passport
- 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

TRANSMISSION OF THE MEDICAL FILE

I request the communication according to the following modality:

☐ **Send home or next address**

Name- First name :

Address:

☐ **Send to the doctor of your choice**

(Art.L1111-7 CSP)

Name- First name:

Address :

☐ **Withdrawal at the office of relations with the users**

☐ **On-site consultation (free)**

(Art.R 710-2-1 CSP)

Make an appointment with the doctor at the secretariat of the service concerned..

REASONS FOR THE REQUEST

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TYPE OF REQUEST

You wish :

☐ **The entire medical file.**

☐ **The following elements :**

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Patient's dates of stay

Care Service

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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 contretypage) as well as the postage costs

Datein

Signature