

Requesting Medical Records from GZA – Consent Form A

Before GZA can disclose any medical information to you, it is necessary to meet certain conditions as required by our professional confidentiality. In order to request a medical file, please fill out this form. By obtaining and documenting the patient's consent, the request meets the requirements for sharing medical information. The form needs to be filled out completely.

Information of the requester (not the patient)

First and last name:	Stamp and initials of the requester
Position/Job title	
Address:	
Zorgmailadres:	
Email address:	
Phone number:	

Patient information (if available, please apply a sticker with the required details)

First and last name:
Date of Birth:
COA healthcare number (starts with 9010) or; Citizen Service Number (BSN) or; V-number:

Please share the following information with me:

<input type="checkbox"/> Transfer of complete medical records to new general practitioner/healthcare provider
<input type="checkbox"/> Copy (summary) of the medical records
<input type="checkbox"/> Copy (summary) of a specific part of the medical records, namely:

Additional information about the request:

Consent of the patient

I hereby grant GZA permission to disclose medical data of myself and my child(ren) listed below:

First and last name child:	Date of Birth:	Citizen Service Number (BSN)

Note: Children aged 12 and older should fill out and sign their own form

Signature: _____

Place: _____

Date: _____

We only send files to new general practitioners, lawyers, chain partners, or the patient themselves. In all other cases, please contact us at medsec@gzasielzoekers.nl

To the new General Practitioner's practice

- The file associated with this patient can be requested through 'Inschrijving Op Naam' (ION).
- If the patient does not have a Citizen Service Number (BSN) or if ION does not work, you can send this form to the Praktijklijn (the 24/7 medical contact center of GZA). This can be done via Zorgmail Filetransfer (Arts en Zorg GZA in Utrecht) AGB code: 01008265.
- For urgent requests, please send an email to praktijklijngza@zorgmail.nl with the subject line 'Urgent file request'.