Ginemedica Sp. z o.o.
ul. Podwale 83/03, 50-414 Wrocław, tel. +48 530 929 758
NIP *8992850874 Regon 380849985, KRS 0000749652M*
Sąd Rejonowy dla Wrocławia- Fabrycznej, VI Wydział
Gospodarczy Krajowego Rejestru Sądowego
Kapitał zakładowy : 5.500 PLN

REQUEST ACCESS TO MEDICAL RECORDS

Pacjent data:

Name and Surname: ……

ID document: ……

Residential address: ……

Contact phone number: ……

Legal representative data:
(fill in if patient is a minor, partially or completely deprived of legal capacity)

Name and Surname: ……

Residential address: ……

Request to:

- ☐ **access to medical records- copy**
- ☐ **access to medical records, view only**

Type of medical records:

- medical history/examination results/referrals/certificates: ……
- treatment period: ……

Requested documentation:

- ☐ I will collect personally from Ginemedica ul. Biskupia 6B, Wrocław
- ☐ Please send it via email: ……
- ☐ Will be collected by an authorised person from Ginemedica ul. Biskupiej 6B, Wrocław:
  - Name and Surname: ……
  - Residential address: ……

……
date and patient signature

Acknowledgement receipt :

Date: ……

Agreed date of collection/ mail/ view only: ……

Employee signature: ……

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CONFIRMATION OF DOCUMENTATION HANDOVER

Documentation:

- ☐ Email sent date: ……..
- ☐ Personal Collection date: ……
- ☐ Authorised person collection date:
  - Authorisation included in medical records,
  - Authorisation incuded in this form,
  - Separate authorisation (attached to the form)

……..
date and employee signature

Acknowledgement receipt :

I hereby confirm the collection of requested documentation.

……..
date and signature of the recipient

The identity of the recipient is confirmed by following identity document:

- ☐ ID
- ☐ passport
- ☐ license
- ☐ residence card

……..

……..
Date and employee signature