REQUEST FOR YOUR MEDICAL FILE

GDP/ENR/34
Version 2

This form has to be returned to us fulfilled, duly signed by yourself with the necessary documents to this adress :

Centre hospitalier Albertville - Moûtiers,
Secrétariat de direction,
253 rue Pierre de Coubertin, BP 126 73208 Albertville cedex

PATIENT IDENTITY (who should be the applicant)

Surname : ..... Firstname : .....
Date of birth : .....
Adresse : .....
E-mail : .....
Telephon number : .....

Dates of admission in the hospital:
.....
Department : ..... Name of the doctor : .....
Hospital of : ☐ **Albertville** ☐ **Moûtiers**

INFORMATION CONTAINED IN YOUR MEDICAL FILE WANTED

☐ **Complete medical file**
- ☐ With X-ray photography
- ☐ Without

☐ **If you don't want the entire medical file, please fill in the blank you want :**
- ☐ hospitalisation report
- ☐ file of anesthesia
- ☐ nursing file
- ☐ medical examination, which ones :
- ☐ X-ray photography
- ☐ Other, precise which ones : .....

.....

MODALITIES OF THE TRANSMISSION

According to a legal decision of the Court of Justice of the European Union, from the 26th of October 2023,

Only the first copy is free, after some fees of reprography will be at your charge.

Choose the modalities of the transmission :

1. ☐ Sending copies by registered mail with acknowledgement of receipt to my home address ostal, **(fees will be charged),**
2. ☐ Sending copies by registered mail with acknowledgement of receipt to a doctor of my choice, precise the name and the adress **(fees will be charged)** :.....
   .....
3. ☐ Hand-delivered copies to the Hospital Center (in Albertville)
4. ☐ Consultation at this hospital place
   ☐ With medical assistance | ☐ Without medical assistance

To process your request, please enclose :

✓ A COPY OF YOUR PASSEPORT OR ID

At .....

The .....

Signature :

*** French law does not authorize healthcare establishments to pass on medical data to third parties other than the doctor. The information contained in your medical file is strictly personal. You must be careful not to communicate it to a third party who is not authorized to request it.**