HappySmile
GABINET STOMATOLOGII I MEDYCYNY ESTETYCZNEJ

APPLICATION FOR ACCESS TO MEDICAL RECORDS

1. APPLICANT:

NAME AND SURNAME: ..... PESEL:.....

ADDRESS: ..... TEL:..... .....

DATA OF THE PATIENT TO WHOM THE APPLICATION APPLIES: (COMPLETE ONLY IF THE APPLICATION IS SUBMITTED BY A PERSON OTHER THAN THE PATIENT
TO WHOM THE DOCUMENTATION PERTAINS)

NAME AND SURNAME:..... PESEL:.....

ADDRESS:..... .....

THE APPLICATION IS SUBMITTED BY THE PATIENT TO WHOM THE DOCUMENTATION PERTAINS

THE APPLICATION IS SUBMITTED BY THE PATIENT'S LEGAL REPRESENTATIVE

THE APPLICANT HAS AUTHORIZATION ISSUED BY THE PATIENT

2. PLEASE PROVIDE MEDICAL RECORDS:

(PLEASE MARK X IN THE APPROPRIATE BOX)

☐ FOR INSPECTION AT THE MEDICAL FACILITY'S OFFICE

☐ FOR ISSUING A PHOTOCOPY

☐ FOR ISSUING A COPY ON A CD

☐ FOR ISSUING A COPY IN ELECTRONIC FORM (E-MAIL)

FOR THE PURPOSES OF.....

3. LEGAL TITLE TO OBTAIN DOCUMENTATION: (MARK X IN THE APPROPRIATE BOX)

I WILL COLLECT THE DOCUMENTATION IN PERSON* (/BY A PERSON AUTHORIZED*) AT THE REGISTERED OFFICE OF THE HEALTHCARE FACILITY.

PLEASE SEND THE DOCUMENTATION BY REGISTERED MAIL WITH ACKNOWLEDGMENT OF RECEIPT TO THE ADDRESS SPECIFIED IN POINT

PLEASE SEND THE DOCUMENTATION BY E-MAIL TO: .....

4. DOCUMENTATION REGARDS TREATMENT AT THE HAPPY SMILE CLINIC
DURING THE PERIOD: .....

5. METHOD OF RECEIVING THE DOCUMENTATION: (MARK X IN THE APPROPRIATE BOX)

I CONFIRM RECEIPT OF THE MEDICAL DOCUMENTATION

GDAŃSK, ON ....

(DATE AND APPLICANT'S SIGNATURE) (DATE AND SIGNATURE OF THE PERSON ISSUING THE DOCUMENTATION)

1. THE PATIENT'S MEDICAL RECORDS ARE THE PROPERTY OF THE HEALTHCARE PROVIDER PROVIDING HEALTHCARE SERVICES.
2. THE HEALTHCARE PROVIDER IS OBLIGATED TO MAKE THE MEDICAL RECORDS AVAILABLE TO:
- **THE PATIENT OR THEIR LEGAL REPRESENTATIVE,**
- **A PERSON AUTHORIZED BY THE PATIENT IN WRITING,**
- **AUTHORIZED BODIES.**

3. AFTER THE PATIENT'S DEATH, ONLY THE PERSON AUTHORIZED BY THE PATIENT DURING THEIR LIFETIME HAS THE RIGHT TO INSPECT THE MEDICAL RECORDS.
4. MEDICAL RECORDS ARE MADE AVAILABLE AS FOLLOWS:
- **FOR INSPECTION AT THE HAPPYSMILE OFFICE IN THE PRESENCE OF THE EMPLOYEE PROVIDING THE RECORDS AND AT AN AGREED-UPON TIME;**
- **BY MAKING A COPY OR PRINTOUT FROM THE EMD *)**
- **BY ISSUING THE ORIGINAL AGAINST A RECEIPT AND SUBJECT TO RETURN AFTER USE, IF AN AUTHORIZED BODY OR ENTITY REQUESTS ACCESS TO THE ORIGINALS.**

5. THE ORIGINAL WILL BE ISSUED AGAINST A RECEIPT AND SUBJECT TO RETURN AFTER USE ONLY AT THE REQUEST OF AN AUTHORIZED BODY OR ENTITY. THE PATIENT CANNOT REQUEST THE RELEASE OF ORIGINAL MEDICAL RECORDS, BUT ONLY COPIES, EXTRACTS, OR EXCERPTS.
6. DOCUMENTATION SHALL BE MADE AVAILABLE IN A MANNER THAT ENSURES CONFIDENTIALITY AND PROTECTION OF PERSONAL DATA.
7. CONSENT TO OR REFUSAL TO RELEASE DOCUMENTATION IS BASED ON A DECISION OF THE FACILITY'S DIRECTOR OR A PERSON AUTHORIZED BY THEM. IN THE EVENT OF REFUSAL, THE REFUSAL TO RELEASE DOCUMENTATION SHALL BE ISSUED IN WRITING WITH JUSTIFICATION.
8. THE APPLICATION MUST BE ACCOMPANIED BY WRITTEN AUTHORIZATION TO RELEASE MEDICAL RECORDS IF AUTHORIZATION IS GRANTED BY A PERSON OTHER THAN THE ONE INDICATED IN THE MEDICAL RECORDS.
9. TO BE VALID, THE AUTHORIZATION REFERRED TO IN POINT 8 MUST BE PREPARED IN THE PRESENCE OF THE EMPLOYEE AUTHORIZED TO RELEASE MEDICAL RECORDS. OTHERWISE, THE AUTHORIZATION MUST BE ACCOMPANIED BY A NOTARY OR OFFICIALLY CERTIFIED SIGNATURE OF THE AUTHORIZING PARTY.
10. DOCUMENTATION SHALL BE RELEASED UPON CONFIRMATION OF THE APPLICANT'S IDENTITY WITH AN ID CARD OR OTHER OFFICIAL DOCUMENT WITH A PHOTOGRAPH. 11. DOCUMENTATION IS ISSUED NO LATER THAN 14 DAYS FROM THE DATE OF SUBMISSION OF THE REQUEST.
12. THE FIRST ISSUANCE OF DOCUMENTATION IS FREE OF CHARGE. FOR EACH SUBSEQUENT REQUEST FOR MEDICAL DOCUMENTATION FOR THE SAME TREATMENT PERIOD, THE APPLICANT IS OBLIGATED TO PAY THE FEE BASED ON THE INVOICE ISSUED BY THE HAPPYSMILE OFFICE.
13. IF THE REQUESTED MEDICAL DOCUMENTATION IS NOT COLLECTED, THE APPLICANT IS OBLIGATED TO COVER THE COST OF THE COPY BASED ON THE INVOICE ISSUED WITHOUT A SIGNATURE.