

Request Access to Medical Data - Myself

Dear Sir/Madam

Responsible for Clinical Access Data of ULS SANTA MARIA, EPE

ULSSM: _____

NAME: _____

Address: _____

ZIP-Code: _____ - _____ City: _____ Country: _____

Phone Number (including Country Code, if applicable): _____

☐ ID Card ☐ Residence Permit ☐ Passport N.º _____, Nationality _____Date of Birth: ____/____/____, requests access to the following clinical information, as legal data owner,
pursuant to **Lei n.º 26/2016 of August 22**, as well as other applicable,☐ Clinical Report (*) ☐ Medical Examinations ☐ Others (Specify) _____**Purpose of the request and intended use of the clinical information** (Can be attached any document relevant to the appreciation and assessment of the request):☐ Attending Physician ☐ Social Security ☐ Employer ☐ Court of Law ☐ Embassy/AIMA☐ Medical Board ☐ Insurance Company ☐ Other (Specify) _____

Please indicate the specialty/service from which you are requesting information:

Emergency Episode on ____/____/____

Consultation: _____

Inpatient service: _____ date ____/____/____

Examination: _____ date ____/____/____

Examination: _____ date ____/____/____

Please indicate the preferred mean for receiving clinical information: (please select only option)☐ Post Office ☐ email _____@_____ (legible)

Respectfully requests approval,

Date: ____ of ____ of ____

Applicant: _____ (signature matching ID Card)

"I have verified the identity of the applicant by checking the identification document"

The ULSSM Professional _____ (name and mec. number)

Note (*) The preparation and availability of clinical reports are responsibility of the Medical Services, to be completed within 10 days after the request, except in highly complex matters (duly justified) where this deadline can be extended up to two months, as stated in article 15. of Lei N.º 26/2016, August 22.

ULSSM is responsible for the treatment of data gathered in this sheet, ensuring compliance with "Regulamento Geral sobre a Proteção de Dados", and to be used only to the purpose of the information hereby required, not to be shared with third parties. These data will be kept only for the period strictly necessary to fulfill these purposes or applicable legal obligations., after which it will delete or putted in anonymized, according to the law. You may consult ULSSM's Privacy Policy on its official website.

SGH.REQ.003.01