

**APPLICATION FOR ACCESS TO THE
MEDICAL FILE OF A DECEASED PATIENT
OF AGE
(OVER 18 YEARS OLD)**

IDENTITY OF APPLICANT

Name at birth/Maiden name: First name :.....
 Married name : Date of birth :.....
 Address :

 Telephone :

Next of kin relationship :

- husband/wife, common-law husband/wife, PACS (civil contract) ⁽²⁾ father, mother ⁽⁴⁾
 son/daughter⁽³⁾ brother, sister ⁽⁴⁾
 other (beneficiary, other family member, etc.) ⁽⁴⁾

Please give details :

⁽²⁾ Please provide a photocopy of the <livret de famille> (family-record book) or common-law partner certificate or PACS contract + double-sided photocopy of applicant's passport/identity card.

⁽³⁾ Please provide a photocopy of the <livret de famille>(family-record book) or birth certificate + double-sided photocopy of applicant's passport/identity card

⁽⁴⁾ Please provide a sworn affidavit of proof of filiation + a double-sided photocopy of the applicant's passport or identity card.

IDENTITY OF DECEASED PATIENT

Name at birth : First name :.....
 Maiden name : Date of birth:
 Date of death : at CHBA ⁽⁵⁾ other (please provide death certificate)

⁽⁵⁾ Centre hospitalier Bretagne Atlantique - Vannes or Auray

REASON FOR APPLICATION

The deceased patient's entire medical file cannot be accessed by their beneficiaries.

The only elements within the medical file that can be accessed are those that will enable you to answer the following three queries as provided by law (Art. L.1110-4 of Code de la Santé Publique - Public Health Code). Please tick the appropriate box:

- Ascertaining the cause of death
 To enable due rights (**please provide a letter explaining the reasons for application**)
 In order to defend the deceased patient's memory (**please provide a letter explaining the reasons for application**)

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HOSPITAL STAY CONCERNED BY THE APPLICATION

Date of admission	Ward or department on admission	Name of Doctor	Vannes	Auray
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

MEANS OF COMMUNICATION

- Will come to pick up documents (as soon as copies available)
 By post ⁽⁶⁾ (dispatch mode by default)

⁽⁶⁾ dispatched by registered post at the applicant's expense.

COSTS OF COPIES AND DISPATCH WILL BE INVOICED

COSTS :

- Photocopy paper - black & white - format A40.18 € per copy
- Photocopy – black & white - format A30.36 € per copy
- Duplication angiography on paper2.50 € per copy
- Medical Imagery:
 - . X-ray **before** 31/05/20111.14 € per x-ray
 - . X-ray **after** 01/06/20112.75 € per CD-Rom
 - . Scan & MRI **before** 04/07/20071,14 € per image
 - . Scan & MRI **after** 104/07/20072,75 € per CD-Rom

Dispatching of copies of the medical file via **registered letter with signature upon delivery ONLY.**

Dispatching of documents will be invoiced to the applicant at the Post Office's going rates.

Signed atDate.....

Mandatory signature :

FORM TO BE RETURNED FULLY COMPLETED TO THE FOLLOWING ADDRESS :

**By post to : Centre Hospitalier Bretagne Atlantique DIRECTION GENERALE
20 bd Général Maurice Guillaudot B.P. 70555
56017 VANNES**

or

By e-mail : communication.dossier-patient@ch-bretagne-atlantique.fr