

REQUEST FOR COPY OF MEDICAL RECORDS

I, the undersigned: _____

Birth name: _____

Place and date of birth: _____

Mother's name: _____

Social security number (SSN): _____ (fill in only when requesting records relating to self)

request that Saint James Hospital Hungary Kft. (Controller, 1026 Budapest, Hungary, Szilágyi Erzsébet fasor 33-35.) provide me with the medical records made in their Establishment about me / my relative (please underline).

When request is made by a relative, please fill in the following with the relative's data:

legal title: legal guardian / authorised person (please underline)

relative's name: _____

relative's place and date of birth: _____

Social security (SSN) number: _____

mother's name: _____

Form: photocopy / electronic copy (please underline)

Method of receiving the requested data: in person / via postal services (please underline)

Address: _____

The Controller shall provide information on action taken on a request to the data subject without undue delay and in any event within one month of receipt of the request. That period may be extended by two further months where necessary. The Controller shall inform the data subject of any such extension. If the Controller does not take action on the request of the data subject, the Controller shall inform the data subject without delay and at the latest within one month of receipt of the request of the reasons for not taking action and on the possibility of lodging a complaint with a supervisory authority and seeking a judicial remedy. Information provided and communication of the data subject's rights, and any actions taken shall be provided free of charge by the Controller. (GDPR Article 12)

Done at:, 20.....

Signature of the person making the request _____

Witnesses:

Witness 1

Witness 2

Name: _____

Name: _____

Address: _____

Address: _____

Signature: _____

Signature: _____