



FORM REQUESTING COMMUNICATION OF A MEDICAL FILE

(Art. L1111-1 and ss of the Code of Public Health)

To forward with supporting documents to:
 The Director of the LC Fleming Hospital Center
 BP 381 – 97054 saint-Martin

Applicant's identity

I, the undersigned, Mrs. / Mr.

NAME First name
 born on
 residing

acting as:

- patient
- authorized representative born on
- legal representative of born on
- beneficiary of born on, deceased on

Nature of the request

I would like to have reproduced:

- the entirety of the medical file
- only the following documents:
 - exit letter
 - report of operation
 - report of hospitalization
 - test results (specify)
 - other documents (specify)

Documents to be attached

Patient	Recto verso copy of an identity document
Authorized representative	Recto verso copy of applicant's and representative's identity documents + original express mandate
Holder of parental authority ¹	Recto verso copy of a valid identity document + copy of family book + in case of divorce, the document certifying that you are the holder of parental authority
Guardian	Recto verso copy of an identity doc + Guardianship judgment
Beneficiary	Child or spouse: Recto verso copy of an identity document + Copy of family book + motivation Other: Recto verso copy of identity document + inheritance certificate or deed established by a notary attesting the capacity of beneficiary or copy of PACS or copy of common life or common law status certificate + motivation

¹ Except objection of the minor patient (art. L. 1111-5 of the Code of Public Health)

Motivation (only for beneficiaries)

As a beneficiary, and except case of refusal expressed by patient when alive, you have access only to documents necessary to

- know the causes of death
- assert your rights (Justify:)
- defend the memory of the deceased (Justify:.....)

Methods of access (Rates for printing and sending documents are available)

- By registered mail with acknowledgment of receipt
- Copies to pick up at hospital
- Viewing of file on the spot (free)

Applicant's signature

On / / in

For official use only	Date request is received: / /
Validating request:	Yes No (Reason:
Forward to DIM on / /