

REQUEST FOR ACCESS LOG OF PATIENT RECORD

Access log: Record of health professionals who have documented and/or accessed your patient record

Name:		
Social security number:	Phone:	
Address:	Zip code:	Location:

I request access to:

My personal journal

Childs journal (under 16 years old) Childs signature (12-16 years old)

Childs name:		
Social security number:		
I have parental responsibility for the child:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I request access to:

Somatic journal

Psychiatric journal

Department:.....

From date:

To date:

.....

I request a copy of the access log for my patient record at (tick box at appropriate hospital):

Namsos hospital

Levanger hospital

Information:

«Norm for information security" of June 9, 2016, fact sheet no. 50 "access to event records" version 1.1 describes the data subjects right to access filing systems.

- Request for access is received upon submitting this form.
- At personal attendance, ID will be controlled.
- Helse Nord Trøndelag shall respond to the request for access without further ado, and no later than 30 days after the request was made.
- If request for access is granted, you are entitled to:
 - the content to be presented in an understandable way
 - a brief explanation of the contents in the record
 - possible reasons why health professionals have accessed your record
 - explanations of terminology
 - if the beforementioned information is desired, please contact the security informations officer to make an appointment. Contact information can be found in the letter following the patient record.
- If you have requested access to child's patient record, a signature is required when the child is between ages 12 to 16. Cf. «Act regarding patient and user rights §3.4»; If the patient is between 12 and 16 years old, information shall not be given to parents or others with parental rights when the patient, for reasons that should be respected, does not consent. Information deemed necessary to fulfill parental responsibility, shall nevertheless be given to parents or others with parental rights when the patient is under the age of 18.

Print the form, provide signature and send to: Helse Nord-Trøndelag HF, P.b 333, 7601 Levanger

Date:	Signature:
-------	------------