



Ordering another person's medical records with a power of attorney

It is important that you fill in the entire form. If we miss any information, we must contact you for additional information and it may take longer before you receive your medical records.

We can only accept orders that are for activities that belong to Danderyds hospital. There are other healthcare providers on the hospital grounds, and we cannot help with these orders. Other caregivers in the hospital are, for example:

Närakuten Danderyd, Psychiatry wards, BB Stockholm, Karolinska Hospital; Neonatal Ward, Oncologist and Ear-Nose-Throat Clinic.

Timeperiod

At Danderyds Hospital you can order copies of medical records from 2000-04-01 onwards. Older medical records (up to and including 2000-03-31) are stored at the Regional Archives in Stockholm.

Confidentiality

A confidentiality assessment is always carried out before each medical record is disclosed. This means that we find out whether personal data can be disclosed without harming the patient or relatives.

Information security

Please note that if you submit the form by e-mail, Danderyds hospital cannot guarantee that an adequate level of confidentiality of your documents can be maintained. There may be a risk that the information can be intercepted and read by third parties. By submitting your e-mail to Danderyds hospital you bear the responsibility for this risk. The same applies if you wish to receive further communication between you and Danderyds hospital via e-mail.

Consent

By submitting this form, you give your consent for us to read your medical records and produce the copies of the medical records relevant to the order.

If your medical records consists of any blocked parts then you will need to provide additional consent below:

Do you consent for us to access the blocked parts of your medical records?

☐ Yes

☐ No

☐ I only approve parts of my blocked medical records, as listed below
(specify each clinic):

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Social security number 12 numbers or Temporary ID 12 numbers:
First name:
Surname:
Date I give my power of attorney:
City:
Which clinic/diagnosis does the request apply to?

- ☐ All medical records (ex. Nurse, Physiotherapist)
- ☐ Birth record year:
- ☐ Consultations
- ☐ Doctor's medical record
- ☐ Lab answers
- ☐ Pathology (PAD)
- ☐ X-ray statement
- ☐ X-ray images on USB
- ☐ Other documents

[illegible]

From:	Until:
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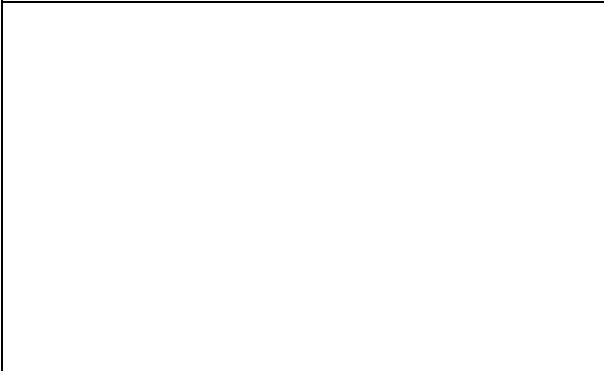
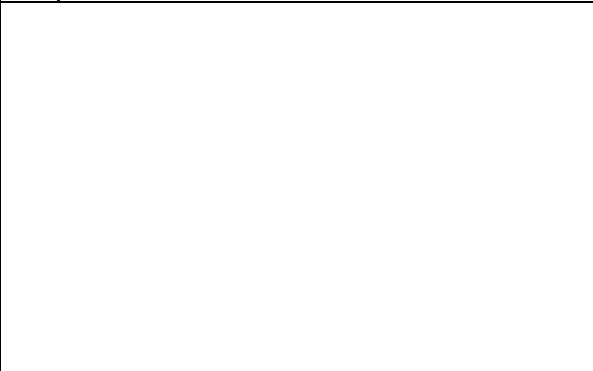


POWER OF ATTORNEY

I hereby give power of attorney to the client / representative to represent me in my case regarding the medical record request at Danderyds hospital and to access all documents for the care occasion for the specified period in this order. Through the power of attorney below, the grantor gives the customer the right to request a copy of ordered medical records & have them sent to their address.

The power of attorney only applies to this specific request.

Attach a copy of the patients and the representor's ID, otherwise we will not be able to process your case. Insert a copy digitally by clicking on the symbols below otherwise you will need to send in copies in another way together with your order.

Patient's ID:	Representors ID:
	

Representative information

Social security number 12 numbers:
Relationship to patient:
First name:
Surname:
Address:
Zip code:
City/Country:
Phonenumber:
E-mail:



Danderyds Sjukhus

Mark the boxes below how you wish to access the medical documents?

- ☐ The representative wishes records sent to 1177, not x-ray images.
- ☐ The representative wishes to have the documents sent to his or her registered address where postage fees will be added.
- ☐ The representative wishes to pick up the order at Danderyds sjukhus.

How would the representative like to be contacted when your order is ready.

- ☐ E-mail
- ☐ SMS

The representative brings ID to pick up the documents.

Times when copies of medical records can be picked up at the information desk.
Weekdays 7 am–7 pm, weekends 10 am–4 pm

Fees

As a patient, you have the right to receive a copy of your medical records free of charge once per calendar year. In cases of repeated requests for the same copy of the medical records, a fee is charged in accordance with the rules for disclosure of public documents.

X-ray images/photographs on USB 80 SEK.

The maximum cost is 300 SEK excl. the postal fee for registered letters. If the documents are collected at the hospital, there is no extra charge for registered mail. The invoice is always enclosed in an envelope with the order.

For medical records for underage children and deceased patients, there is no charge.

Send your order to:

dokumentservice.ds@regionstockholm.se

Danderyds Sjukhus
Dokumentservice
182 88 Stockholm