

	CASA DI CURA PRIVATA PIACENZA S.p.A. Medical Director: Prof. Mario Sanna R03 PA02 REV.6 OUTPATIENT MEDICAL RECORD REQUEST FORM (Casa di Cura)		
	Issue Date: 04/03/2021	Revision Date: 24/03/2025	Page: 1 of 1

Dear User, We inform you that it is possible to request ONLY after the discharge, the release of a certified copy of the medical records related to your hospitalization.

I, the undersigned _____
Born in(place) _____ on(date) _____
Fiscal Code _____
Phone contact information _____
E-mail contact _____

REQUIRES

That I be issued a copy of the medical records relating to my admission to the department _____
From _____ till _____

OR

That I be given a copy of the medical records of Mr. a n d Mrs. _____
admitted to the department _____
from _____ to _____

Aware of the requirements of Article 76 of Presidential Decree No. 445 of December 28, 2000 on the criminal liability I may incur in case of false statements, under my own responsibility, I declare that I am (in accordance with Articles 46 and 47 of Presidential Decree 445/2000)

- an Heir
- a Parent exercising legal authority
- a Foster care under order no. _____ of _____ issued by _____
- a tutor a trustee a support administrator under order no. _____ Of _____ issued by _____
- a Delegate (in this case, patient proxy is mandatory)

N.B. In implementation of precise legal obligations, the Company will carry out checks on what has been declare to certify its truthfulness and, in the event of a false declaration, will notify the Judicial Authority.

I WILL RECEIVE THE DOCUMENTATION AT THE FOLLOWING ADDRESS

Street/Square _____ n. _____ City _____
Prov. _____ ZIP CODE _____ Country _____
First and last name listed on the bell _____
N. Interphone _____

- Cost of the medical report copy for intervention with national health service €12.00 (Vat not included)
- Cost of the medical report copy for intervention without national health service €15.00 (Vat not included)
- A charge of € 10.00 (including VAT) will be added for the shipment of the folder.

The report will be shipped within 30 days following a bank transfer to

ABI: 05156 – CAB 12600 BIC/SWIFT: BCPCIT2P – BANCA DI PIACENZA – SEDE CENTRALE
IBAN: IT86J0515612600CC0000042866 Causal: fattura n. Surname, Name

This form must be delivered by e-mail to Ufficio.ricoveri@casadicura.pc.it

Piacenza, (date) _____ signature of applicant _____

information in accordance with Article 13 of Legislative Decree. n. 196/2003: Personal data, not particular, collected through this form will be processed by the owner Casa di Cura Privata Piacenza Spa for the sole purpose of providing you with the requested service in accordance with Art. 6 paragraph 2 b) GDPR. The data in this form will be processed for the time strictly necessary to manage your request. In order to provide you with the service referred to in this form it is necessary for us to obtain all the data indicated therein, without which it will not be possible to fulfil your request. The data will be processed by internal or external staff specifically appointed pursuant to art. 28 GDPR. You have the right to exercise the rights set forth in Art. 15 et seq. of the GDPR, including the possibility of lodging a complaint with the Privacy Guarantor. For any other information, please refer to the information already provided at the time of data collection or to the information on our website