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|  | CASA DI CURA PRIVATA PIACENZA S.p.A. Medical Director: Prof. Mario Sanna R01 PA02 REV.6 MEDICAL RECORD REQUEST FORM | | |
| | Issue Date: 04/03/2021 | Revision Date: 24/03/2025 | Page: 1 of 2 |

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 _____ to _____

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 (date) _____ issued by _____
- a tutor a trustee a support administrator under order no. _____
- Of(date) _____ issued by _____
- a Delegate (in this case, patient proxy is mandatory)

Please note: implementing specific legal obligations, the Company will carry out checks on what has been declared to certify its truthfulness and, in case of 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 _____

THE PHOTOCOPY OF THE MEDICAL RECORD AT A COST OF € 48.71 (INCLUDING EXPENSES - ADDITIONAL COSTS FOR SHIPMENTS ABROAD DEPENDING ON THE COUNTRY), WILL BE SENT WITHIN 30 DAYS FOLLOWING THE BANK TRANSFER

BANK TO BE MADE OUT TO:

BENEFICIARY: RJ45 SOC. COOP. ONLUS
BANK: BCC Agro Bresciano Soc. Coop.
IBAN: IT14F0857511201000000180374
CAB: 11201 ABI: 8575 C/C: 180374

REASON FOR PAYMENT: **PATIENT'S LAST NAME AND FIRST NAME** - PHOTOCOPY OF MEDICAL RECORDS
A VALID IDENTIFICATION DOCUMENT OF THE PATIENT AND THE APPLICANT, IF ANY, **MUST BE ATTACHED TO THIS FORM.**
DOCUMENTATION SHOULD BE MAILED TO ufficio.ricoveri@casadicura.pc.it

Piacenza, li _____ Applicant's signature _____



Piacenza Private Nursing Home S.p.A.

Medical Director: Prof. Mario Sanna

R01 PA02 REV.5

MEDICAL RECORD REQUEST FORM

Issue Date: 04/03/2021

Revision Date: 16/07/2024

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To find out the status of your request, you can contact RJ45: servizi.documentali@rj45.it

For more information, you can contact the Admissions Office of the Privata Piacenza Nursing Home by phone at 0523.711340 (Extension 3)

ADDITIONAL CHARGES DEPENDING ON THE COUNTRY OF DESTINATION:

AREA

| ZONA 1 | ZONA 2 | ZONA 3 | ZONA 4 | ZONA 5 | ZONA 6 | ZONA 7 | ZONA 8 |
|-----------------|------------------|------------|---------------|---------------------|----------------|-----------------------|---------------------------|
| AUSTRIA | FRANCIA | ESTONIA | AZZORRE | AFGHANISTAN | ALBANIA | ANGUILLA | ANGOLA |
| BELGIO | PRINC. DI MONACO | FINLANDIA | BUSPUGEN | ARMENIA | ALGERIA | BANGLADESH | ANTIGUA E BARBUDA |
| BANIVANCE | REGNO UNITO | GRECIA | CEUTA | ARABIA SAUDITA | ARABIA SAUDITA | BRUN | ANTILLE OLANDESI |
| GERMANIA | SPAGNA | IRLANDA | HELGOLAND | BELGIUM | BAHRAIN | BOLIVIA | ARGENTINA |
| LUSSEMBURGO | | LETTONIA | ISLANDA | BOLIVIA ED INDOCINA | SOTTO | BURKINA FASO | ARUBA |
| OLANDA | | LITUANIA | ISOLE BALIARI | BULGARIA | STORIA | BURUNDI | AUSTRALIA |
| POLONIA | | MALTA | ISOLE CANARIE | CIRO | GHANA | SUTAN | BAHAMAS |
| REPUBBLICA Ceca | | PORTOGALLO | LICHTENSTEIN | CIRO | GIAMAICA | CAMBODIA | BARBADOS |
| SLOVACCHIA | | ROMANIA | MADERA | KAZAKHISTAN | GIORDANIA | CAMERUN | BELEZE |
| SLOVENIA | | SVEZIA | MELLIA | KIRGHIZISTAN | INDIA | CANADA | BERLUSCA |
| UNGERIA | | | MONTI ATHOS | KOSOVO | ISRAELE | CARO VERDE | BOTSWANA |
| | | | NORVEGIA | MOLDAVIA | KUWAIT | CILO | BRASILE |
| | | | SVIZZERA | MONTENEGRO | LIBANO | CINA | BRUNAI |
| | | | | REP. DI MACEDONIA | LIBIA | COLOMBIA | CHILE |
| | | | | SERBIA | LIBIA | COSTA D'AVORIO | COMORE |
| | | | | TAGIKHISTAN | MAURITANIA | DOMINICA | CORSA DEL SUD |
| | | | | TURKEMENISTAN | NERO | EMIRATI ARABI UNITI | COSTA RICA |
| | | | | UCRAINA | NIGERIA | ERITREA | CUBA |
| | | | | UZBEKISTAN | OMAN | GABON | ECUADOR |
| | | | | | PAKISTAN | BAMBIA | EL SALVADOR |
| | | | | | PALESTINA | GEORGIA | FILIPPINE |
| | | | | | QATAR | GIUBUTI | FUJI |
| | | | | | RUANDA | GUINEA BISSAU | GUAMATECA |
| | | | | | RUSSIA | GUYANA | GUATEMALA |
| | | | | | SERBIA | HONG KONG | GUINEA |
| | | | | | SIRIA | IRAN | GUINEA EQUATORIALE |
| | | | | | SUDAN | IRAQ | HAITI |
| | | | | | TURKIA | KENYA | HONDURAS |
| | | | | | TIEMEN | LIBERIA | INDONESIA |
| | | | | | | MALAWI | ISOLE CAYMAN |
| | | | | | | MALESIA | ISOLE SALOMONE |
| | | | | | | MRU | KIRIBATI |
| | | | | | | MAURITIUS | LIBRI |
| | | | | | | MONGOLIA | LESOTHO |
| | | | | | | NEPAL | MACAO |
| | | | | | | PORTORICO | MADAGASCAR |
| | | | | | | REP. CENTRAFRICANA | MALDIVE |
| | | | | | | REP. DEL CONGO | MERICO |
| | | | | | | REP. DEM. DEL CONGO | MOZAMBICO |
| | | | | | | REP. DOMINICANA | MYANMAR BURMA |
| | | | | | | REP. SUDAFRICANA | NAMIBIA |
| | | | | | | SAINT KITTS AND NEVIS | NICARAGUA |
| | | | | | | SEICHELUS | NUOVA CALEDONIA |
| | | | | | | SERRA LEONE | NUOVA ZELANDA |
| | | | | | | SRI LANKA | SIERRA |
| | | | | | | TAIWAN | PAPUA NUOVA GUINEA |
| | | | | | | TANZANIA | PARAGUAY |
| | | | | | | TALANDIA | PERU |
| | | | | | | TOGO | POLINESIA FRANCESE |
| | | | | | | TRINIDAD E TOBAGO | SAINT LUCIA |
| | | | | | | U.S.A. | SAINT VINCENT E GRENADINE |
| | | | | | | UGANDA | SARDA |
| | | | | | | VENEZUELA | SAO TOME E PRINCIPE |
| | | | | | | ZIMBABWE | SINGAPORE |
| | | | | | | | SURINAME |
| | | | | | | | SWAZILAND |
| | | | | | | | TONGA |
| | | | | | | | TRINIDAD |
| | | | | | | | VIETNAM |
| | | | | | | | ZAMBIA |

ADDITIONAL COSTS DEPENDING ON THE COUNTRY OF DESTINATION:

ZONA 1: +15 € ZONA 2: +17,5 € ZONA 3: +18,5 € ZONA 4: +37 € ZONA 5: +33 €

ZONE 6: +34 €. ZONE 7: +35 € ZONE 8: +43 €

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