



Ordering your medical records

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 on the hospital grounds are for example:

Närakuten Danderyd, Psychiatry wards, BB Stockholm and 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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Fill out your personal information

Social security number 12 numbers or Temporary ID 12 numbers:
First name:
Surname:
Address:
ZIP code:
City/Country:
Phone number:
E-mail:

Mark the boxes below for desired documents (If nothing is specified, only the medical record text is sent from the Doctor)

- ☐ 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

Specify any other document or other information:

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Enter the date or time range for the treatment period.

From:	Until:
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Mark which clinic(s) you have been admitted to at the intended time?

- ☐ Anesthesia & Intensive Care, Pain, ICU
- ☐ Cardiac/Physiology
- ☐ Chest pain center
- ☐ Childbirth
- ☐ Emergency
- ☐ Geriatrics/Memory
- ☐ Gynaecology
- ☐ Infection
- ☐ Kidney Medicine
- ☐ Medicine
- ☐ Neurologists
- ☐ Orthopedics
- ☐ Rheumatologists
- ☐ Skin
- ☐ Speech therapist
- ☐ Surgery/Urology
- ☐ University Clinic of Rehabilitation Medicine
- ☐ Women`s Clinic and
- ☐ I'm not sure which clinic(s) to choose or can't find the clinic above.

If you are unsure, what injury/diagnosis is referred to or another clinic?

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

- ☐ I want my medical records send to 1177, not available for x-ray images
- ☐ I would like to have the medical records sent to the address in my order. The documents will be sent with registered letter, the postal fees for will be added.
- ☐ I want to pick up the medical records myself at Danderyds hospital.

How would you like to be contacted when your order is ready?

- ☐ 1177
- ☐ E-mail
- ☐ SMS

The medical records are collected at the information desk in the main entrance, where a copy of your ID document is taken in order for you to be able to sign for the medical records.

- ☐ I would like a representative to pick up the medical records at Danderyds hospital.

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

- ☐ E-mail
- ☐ SMS

The representative brings my ID and his own.

Times when copies of medical records can be picked up at the information desk
Monday-Thursday 7-17, Friday 7-15, Saturday-Sunday Closed

Fill out information about the representative you have chosen

Social security number 12 numbers:
First Name:
Surname:
Phonenumber:
E-mail:



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Fees

As a patient, you have the right to receive a copy of your medical records free of charge. 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.

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

Send your order to

dokumentservice.ds@regionstockholm.se

Danderyds Sjukhus
Dokumentservice
182 88 Stockholm