



**FORM REQUESTING COMMUNICATION OF A MEDICAL FILE**  
 (Art. L1111-1 and ss of the Code of Public Health)  
 To forward with supporting documents to:  
 The Director of the LC Fleming Hospital Center  
 BP 381 – 97054 saint-Martin

**Applicant’s identity**

I, the undersigned, Mrs. / Mr.

NAME ..... First name .....

born on .....

residing .....

acting as:

- patient
- authorized representative ..... born on .....
- legal representative of ..... born on .....
- beneficiary of ..... born on ....., deceased on .....

**Nature of the request**

I would like to have reproduced:

- the entirety of the medical file
- only the following documents:
  - exit letter
  - report of operation
  - report of hospitalization
  - test results (specify) .....
  - other documents (specify) .....

**Documents to be attached**

Patient	Recto verso copy of an identity document
Authorized representative	Recto verso copy of applicant’s and representative’s identity documents + original express mandate
Holder of parental authority <sup>1</sup>	Recto verso copy of a valid identity document + copy of family book + in case of divorce, the document certifying that you are the holder of parental authority
Guardian	Recto verso copy of an identity doc + Guardianship judgment
Beneficiary	Child or spouse: Recto verso copy of an identity document + Copy of family book + motivation Other: Recto verso copy of identity document + inheritance certificate or deed established by a notary attesting the capacity of beneficiary or copy of PACS or copy of common life or common law status certificate + motivation

<sup>1</sup> Except objection of the minor patient (art. L. 1111-5 of the Code of Public Health)

**Motivation** (only for beneficiaries)

As a beneficiary, and except case of refusal expressed by patient when alive, you have access only to documents necessary to :

- know the causes of death
- assert your rights (Justify: .....) )
- defend the memory of the deceased (Justify:.....) )

**Methods of access** (Rates for printing and sending documents are available)

- By registered mail with acknowledgment of receipt
- Copies to pick up at hospital
- Viewing of file on the spot (free)

Printing and mailing prices are on the back of the application and can be modified according to postage.

**SHIPPING PRINTING RATES**

Forma	Unit price
A4 photocopy, black and white	0.25 euros
A3 photocopy, black and white	0.50 euros

Shipping rates can be modified according to postage, depending on the level of recommendation (R1 R2 R3) and destination

**Means of payment :**

- Cash
- Check (to the order of the Public Treasury of Saint-Martin)
- Transfer

Applicant's signature

On ..... / ..... / ..... in .....

<b>For official use only</b>	Date request is received: ..... / ..... / .....
Validating request:	Yes            No
(Reason: .....	
Forward to DIM on ..... / ..... / .....	