

FORM for the exercise of the RIGHT of ACCESS to the Health Record of MINORS
(Article 15 -UE 2016/679 Regulation- GDPR)
HISTORIA CLÍNICA DIGITAL ÚNICA DE ARAGÓN – MANAGING DIRECTION - SERVICIO ARAGONÉS DE SALUD

MINOR PATIENT DATA	NHC (by SALUD)		CIA															
Name and Surname		Age																
Address																		
APPLICANT DATA (Parents/ Legal Representatives)		Notification by: <input type="checkbox"/> Postal <input type="checkbox"/> In Person <input type="checkbox"/> E-mail																
Mr/Mrs/Ms		National ID number		Relationship:														
Address																		
City		Province	Postal Code	Country														
Contact phone number		Email																
Separated parents <input type="checkbox"/> Yes <input type="checkbox"/> No		Other parent DATA (Separation-Divorce): MANDATORY																
Name		Surname																
Address																		
REQUEST (Motivation, documentation, clinical processes, centre, speciality and type of assistance)																		
<p>Under the protection of article 18 of the Law 41/2002 November 14th, basic regulating patient autonomy and rights and obligations in terms of information and clinical documentation, and according to the established in article 15 of UE 2016/679 General Data Protection Regulation (GDPR), I request to be facilitated the exercise of the right of access to the data in the Health Record.</p>																		
<p>In case of requesting for radiological images:</p> <table border="1"> <thead> <tr> <th>Type of images</th> <th>Creation date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>					Type of images	Creation date												
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The undersigned person DECLARES that he / she is assigned the FAMILIAR AUTHORITY of the minor, without there being any legal impediment to exercise this right. The applicant person DECLARES that all data referred are true, and will attend to the responsibility derived from the current legislation.

I received	
Delivery date	

At _____, _____, 20__

APPLICANT SIGNATURE

HEALTHCARE SECTOR /by SALUD)		Registry Num.	
Provided documentation (by SALUD) <input type="checkbox"/> National ID <input type="checkbox"/> family book <input type="checkbox"/> Regulatory Agreement <input type="checkbox"/> Other			

Notes for filling the form

- For the exercise of these rights you are entitled to:
 - Address to the Information and Attention to Users Services located at the centres of Servicio Aragonés de Salud, where you will be informed and guided on the type of right and requirements requested, will give you the corresponding form and will manage your request.
 - You can also download the request form at <https://www.saludinforma.es> and deliver it in-person at the Information and Attention to Users Services of Servicio Aragonés de Salud, or through any other means available according to the Law 39/2015 October 1st, of The Common Administrative Procedure of the Public Administrations.
- The following data is required: name, surname, copy of the National Document or electronic certificate (electronic signature) or any other personal identification valid in law, family record, address in terms of notifications, date, and signature of the requesting party (parents/legal authorities).
- The same data is required referred to the legal representative in case that the applicant is disabled. In addition, in this case, they must present the documentation that accredits the legal representation.
- In case of separated or divorced parents, the CUSTODY or the FAMILIAR AUTHORITY assignation must be recognized and provide the regulatory agreement or other certifying documentation.
- The right of access may be considered repetitive, if exercised in more than one occasion during a **6 months** time period, at least a legitimate reason exists for it (art. 13.3 LOPDFGG)
- Clearly describe the scope of your request and the documents in your clinical history upon which the right of access is requested.
- A minor may exercise the right to access their medical records from the age of 14. However, this exercise cannot be understood as a limitation on the right of those holding parental authority or legal guardianship over the unemancipated minor to access their medical records (criterion of the Spanish Data Protection Agency).
- In the case of accessing the medical records of a **deceased minor**, their legal representatives or the Public Prosecutor's Office (art. 3 of the LOPDGDD) may request access to the minor's personal data by providing proof of the family relationship through the family record book and submitting the death certificate (and, where applicable, the certificate of last will and testament, a copy of the Will and/or the Declaration of Heirs) Likewise, the applicant DECLARES with his signature that he has the right of access to the data contained in the medical history of the deceased patient, without being any legal impediment to exercise this right (art 18.4 of Law 41/2002).

Requirements and content of the report

- The data controller shall provide to the applicant with the information related to his acts based on the request of access in a period of **one month** from the request reception, according to art 12.3 of GDPR, with a maximum of 2 other months in cases foreseen on the Regulation.
- If the data controller does not act on the applicant request, he will inform the applicant without delay at the latest after one month of the request reception, of the reasons of failure to act and the applicant's option of claiming with a supervisory authority and take legal actions.
- The data provided upon the request of access will be free of charge. When the request is manifestly unfounded or excessive, especially if repetitive, the data controller may:
 - a) charge a reasonable fee based on the administrative costs faced to facilitate the information or the communication or perform the requested action, or
 - b) refuse to act upon the request
- The controller can ask for additional information to confirm the identity of the interested party when there are doubts about the identity of the natural person applicant.
- When the interested party submits the request by electronic means, the information will be provided in an electronic format of common use, unless he requests to be provided otherwise.
- The right to obtain a copy of the personal data requested will not negatively affect the rights and freedoms of others.

Claims (Rights custody)

- Without prejudice to the administrative or extrajudicial remedies available, including the right to claim to a supervisory authority under article 77 of the GDPR, all interested parties will have the right to effective judicial protection when they consider that their rights under GDPR law have been violated as a result of their personal data processing.

Basic information about data protection in accordance of the information duty in GDPR 2016/679

Controller: Servicio Aragonés de Salud.

Purpose: Historia Clínica del Servicio Aragonés de Salud.

Legislation: Law 41/2002 of autonomy of the Patient, LOPDGDD, GDPR.

Recipients: Will not be given to third parties, except for legal obligation.

Rights: Access, rectification, erasure of data, and other rights, as described on the additional information.

Additional Information: Additional and more detailed information about data protection can be found on our website:

www.aragon.es/seguridadsalud and <https://www.mscls.gob.es/profesionales/eupin/pintranslations.htm>