



Direzione Medica Ospedaliera

MEDICAL RECORDS SERVICE

Informative guide
for the user

Introduction

Dear Madam, Sir

The staff of the Medical Records Service, with this booklet, will provide you with the essential informations on the copy application process of health records.

The Medical Records Service acts as a mediator between the operating units and the Utility.

The copy of the original will be released **ONLY ON PAPER** and It is closely based on the documentation submitted by the operating unit.

Please note that the Medical Record includes radiology reports but doesn't cover CD, which must be requested and paid for separately (page 5).

If the documentation is already deposited at the Central Archives, the copy request can be processed in a few days.

The Medical Records Service Staff



FRONT OFFICE AOUP

doors 8 - 9

Entrance hall of Monoblocco/Policlinico

from Monday to Friday 9.00 – 13.00

(Ticket dispensing until 12.50)



INFORMATIONS

049 821 3055

from Monday to Friday

8:00 - 9:00

13:30 - 14:30

*You may want to call to make sure that
the documentation is ready before retiring.*

APPLY MEDICAL RECORDS OF IOV - (ONCOLOGICAL VENETO INSTITUTE)

Refer to the offices of Azienda Ospedale - Università
Padova

For further informations consult the web site

<https://www.aopd.veneto.it/Cartelle-Cliniche>

FRONT OFFICE OSA

doors 9

in the entrance hall of the Hospital

Ospedale S. Antonio

Via Facciolati, 71

from Monday to Friday 9:00 - 13:00

(Ticket dispensing until 12.50)



INFORMATION

049 821 6547

from Monday to Friday

8:00 - 9:00

and

13:30 - 14:30

[!\[\]\(799877f5c2f906134441300079881630_img.jpg\) cartelle cliniche.osa@aopd.veneto.it](mailto:cartelle_cliniche.osa@aopd.veneto.it)

HOW TO REQUEST A MEDICAL RECORDS COPY

The copy request can occur after discharge of the patient from the Hospital facilities.

Modality:

1. At the Office Door Medical Records

- Front Office AOUP
- Front Office OSA

2. Sending a request to the e-mail:

✉ **AOUP** : richiesta.cartelle@aopd.veneto.it

✉ **OSA**: cartelle_cliniche.osa@aopd.veneto.it

3. Sending a request to the mail address: A O U P Direzione Medica Ospedaliera - Ufficio Cartelle Cliniche, Via Giustiniani n. 2- 35128 Padova.

Who can apply for a medical records copy?

- Holder of the documentation if of age
- Empowered person
- Rightful heirs or testamentary heirs
- Holder of parental responsibility or legal guardianship for minor, banned or incapacitated.

**PAYMENT ON ACCOUNT:
ONLY FOR REQUESTS BY E-MAIL - MAIL**

Advance payment of €15 payable to: AOUP Prestazioni Ospedaliere - Servizio Tesoreria. **Memo line:** acconto cartella clinica. (advance payment for medical records copy) by:

⇒ **Payment on postal account - cc number 130.30.358**

⇒ **Bank Trasfer:** Iban IIT37J0103012150000061179532

Monte dei Paschi di Siena - Via VIII Febbraio 5 - 35122 Padova

For requests at the front office the advance payment must be paid ONLY - at the ticket office or - at the ticket collecting machine.

HEALTH DOCUMENTS RATES

Description	Advance payment	Balance
MEDICAL RECORDS COPY	€ 15.00 each Over 5 copies max price € 75.00	Up to 10 sheets: € 0 from 10 to 50 sheets: € 5.00 Over 50 sheets: € 15.00 per copy Multiple requests max € 75.00
OUTPATIENT EMERGENCY ROOM REPORT	No advance payment	Up to 5 sheets: € 2.50 Over 5 sheets, It applies the same rate of medical records
OUTPATIENT REPORT	No advance payment € 15.00 for the beginning of the procedure	Up to 5 sheets: € 2.50 Over 5 sheets, It applies the same rate of medical records
X-RAY IMAGINES ON CD	€ 9.00	1 CD: € 0 each additional CD: € 30
EEG REPORTS ON CD	€ 30.00 each	1 CD: € 0 each additional CD: € 30
HISTOLOGICAL SLIDES	€ 15.00	€ 0
AUTOPSY REPORT	No advance payment	Up to 5 sheets: € 2.50 Over 5 sheets, It applies the same rate of medical records
TABLE EXTRA SPECIAL REQUESTS	€ 15.00 Non refundable in case of not found material	€ 0
<u>ALL THE ABOVE LIST REQUESTS BY E-MAIL</u>	€ 15.00	Payment on delivery (above prices list)
SHIPMENT EXPENSES ARE CHARGED TO THE USERS <i>(delibera n.964 22/1/2006 dell'Azienda Ospedaliera di Padova)</i>		

TYPE AND MODALITY OF REQUESTS

REQUESTOR	FRONT OFFICE Submitting:	MAIL, E-MAIL Sending:
ADULT OR EMPOWERED PERSON	Current identity document of the holder or Delegation signed by the holder and Identity document of the empowered person and copy of the Identity document of the holder.	1. Copy of the current identity document of the holder. 2. Residence, telephone number and sign of the holder. 3. Department and period of the hospitalization or of the outpatient-service. 4 . Copy of the advance payment of 15 euro (see page 8)
MINOR	<ul style="list-style-type: none"> ◇ Current identity document of the parent ◇ Self-certification for parental responsibility signed by the parent 	<ul style="list-style-type: none"> ◇ Copy of the current identity document of the parent. ◇ Self-certification for parental responsibility signed by the parent. ◇ Personal data of the minor. ◇ Department and period of the hospitalization or of the outpatient-service. ◇ Copy of the advance payment of 15 euro (see page 4)
DECEASED PERSON	<ul style="list-style-type: none"> ◇ Current identity document of the rightful heir ◇ Self-certification attesting to the status of heir 	<ul style="list-style-type: none"> ◇ 1. Copy of the current identity document of the rightful heir. ◇ Self-certification attesting to the status of heir (specifying the degree on kinship). ◇ Personal data of the deceased person. ◇ Department and period of the hospitalization or of the outpatient-service. ◇ Copy of the advance payment of 15 euro (see page 4).

MODALITY OF WITHDRAWAL

At the front office:

- By the holder of the health records, showing their current identity document.
- By the empowered persons showing their current identity document , the copy of the holder's current identity document, the delegation signed by the holder.
- For minor or deceased persons, by the empowered persons showing their current identity document, the copy of holder's current identity document (parent or rightful heir) and the delegation signed by the holder.

Shipping via mail:

Cash payment upon delivery (balance plus shipping cost)

Unless otherwise specified, the documents will be dispatched to the residing adress of the concerned person.

After 6 months, in case of non-withdrawal of the copy, the Medical Records Service will send to the applicant a remainder for the withdrawal in 30 days. After that period, the Azienda Ospedaliera di Padova reserves to provide for the economic recovery.

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REGIONE DEL VENETO
Azienda Ospedale
Università Padova





UFFICIO RELAZIONI CON IL PUBBLICO

Offre **informazioni, indicazioni** sull'organizzazione
dell'Azienda Ospedale-Università Padova,
riceve **richieste** o **segnalazioni**.

fornisce indicazioni sull'**accoglienza dei parenti dei malati**.

dal lunedì al venerdì dalle 9.00 alle 13.00;

 049 821 3200 -  049 821 2090

 urponline@aopd.veneto.it