



# MEDICAL RECORDS SERVICE

DIREZIONE MEDICA OSPEDALIERA

**INFORMATIVE  
GUIDE  
FOR  
THE USER**



REGIONE DEL VENETO

**Azienda  
Ospedale  
Università  
Padova**



# Introduction

*Dear Madam, Dear 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.***

## **FRONT OFFICE OSA**

**doors 9**

**in the entrance hall of the Hospital**

**Ospedale S. Antonio**

**Via Facciolati, 71**

**Tuesday and Thursday 9:00 - 13:00**

(Ticket dispensing until 12:50)



**INFORMATION**

**049 821 6547**

**to Friday**

**8:00 - 9:00**

**and**

**13:30 - 14:30**

 [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](mailto:richiesta.cartelle@aopd.veneto.it)

\*OSA: [cartelle\\_cliniche.osa@aopd.vento.it](mailto:cartelle_cliniche.osa@aopd.vento.it)

### 3. Sending a request to the mail adress:

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 IT37J0103012150000061179532

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

## TYPE AND MODALITY OF REQUESTS

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

## 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 address 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.





DIREZIONE MEDICA OSPEDALIERA  
**SERVIZIO CARTELLE CLINICHE**  
<https://www.aopd.veneto.it/Cartelle-Cliniche>



Offre **informazioni, indicazioni** sull'organizzazione dell'Azienda Ospedale-Università Padova, e fornisce indicazioni sull'**accoglienza** dei parenti dei malati, dal lunedì al venerdì 9:00 -13:00;

☎ 049 821 3200 - ☎ 049 821 2090 ✉ [urponline@aopd.veneto.it](mailto:urponline@aopd.veneto.it)

Per richiesta informazioni o per presentare una segnalazione (reclamo, suggerimento, elogio), inquadrare il QR code per collegarsi a <https://www.aopd.veneto.it/URP>



*Aggiornato al 19 aprile 2024*