



Greek Republic  
Ministry of Health  
7th HEALTH DISTRICT OF CRETE  
RETHYMNO GENERAL HOSPITAL



**GRANT APPLICATION  
MEDICAL CERTIFICATE/OPINION/  
COPIES OF MEDICAL FILE**

(COMPLETE BELOW IN CAPITAL LETTERS)

**APPLICANT'S DATA**

SURNAME:.....

NAME:.....

Father's Name:.....

Mother's Name: .....

Address/street:.....

Number..... PO or Post Code .....

City/District:.....

Land Line:.....

MOBILE  
PHONE:.....

E - mail : .....

AMKA : .....

Police IDENTITY CARD No.:.....

PASSPORT Number:.....

**Justification/reason for issuing the certificate**

☐ Judicial use .....

☐ KEPA Committee .....

☐ Medical reasons .....

Attached:  
- AUTHORISATION .....

**AUTHORISATION or SUBSCRIPTION ORDER for granting Medical file  
details to a third person.**

Date / / 2026

TO  
SECRETARIAT/PROTOCOL GNR

**GRANT OF HOSPITAL MEDICAL REPORT/OPINION**

HOSPITALISATION ☐ EMERGENCY or OUTPATIENT ☐

Nursing Department/Clinic or Outpatient

- Doctor
- Clinic manager

Sharing:  
a. File/Archive  
b. Head of Nursing Department/Clinic  
c. Medical service  
d. Nursing Service

Please grant me:

for the period from

.....to.....

In the event of a request for a copy of the File or a part of it,  
there must also be a personal consultation with the attending  
physician or the Director of the Department.

The Applicant.....

(signature-name-surname)

Patient Code :.....

Incident Code :.....

**AUTHORISATION TO RECEIVE**

Name/surname:

with ID card.....

Completing the application indicates an agreement to manage-update-process  
Personal Data of the applicant-patient.



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Supporting documents for the granting of a Medical Report / Opinion and copies of the medical file  
(Based on Laws 2472/1997 and 3418/2005)

CAPACITY

DOCUMENTS

|   |  |
|---|--|
| Patient   | ID card  |
| Third party (related or not)                    | (1) Authorization by the Patient with certified original signature<br>(2) Indication of specific hospitalization to which it should be referred, for which the copies of the medical file are requested<br>(3) ID card   |
| Parents for a minor child<br>(who have custody) | (1) Birth certificate or certificate marital status<br>(2) Identity  |
| Heirs of a deceased patient                     | (1) Death certificate<br>(2) Certificate of guarantor relatives<br>(3) Certificate of publication of will or not<br>(4) Copy of the will (if there is a will)<br>(5) Identity<br>(6) If it is not about heirs, but about people who have a legal interest, an order from a Prosecutor should be presented. |
| Court assistants/appointed<br>commissioners     | (1) Copy of the appointment decision<br>(2) Identity   |
| Insurer   | (1) Authorization from the Patient with certified original signature<br>(2) Indication of specific hospitalization to which it should be referred, for which the copies of the medical file are requested<br>(3) ID card   |

The submitted data are processed in accordance with the applicable institutional framework (General Regulation 678/2016 EU), for the purpose of processing your request and are kept for the period required by law. Your data are stored in an electronic and physical file which, where appropriate, may be made available to other competent services within or outside the organization that are involved in processing your request. For more information, you can refer to our Hospital's Personal Data Protection Policy, which is posted on the Hospital's website. The Hospital's Data Protection Officer is the company Andreas Koutoupis & Associates IKE, legally represented by Mr. Koutoupis Andreas, whom you can contact by phone at 2103232531 or by email at [info@kps-group.gr](mailto:info@kps-group.gr)