



Our Helpdesk is at your disposal from 8 am to 6 pm via (+352) 27 12 50 18 33 or [helpdesk@esante.lu](mailto:helpdesk@esante.lu)

## Closing request form for the “Dossier de Soins Partagé” (DSP)

to fill out and send by mail to [confidentiel.sante@esante.lu](mailto:confidentiel.sante@esante.lu)

or by post to : Agence eSanté, Pôle information médicale – B.P. 2511 - L-1025 Luxembourg

### Please read carefully before sending the present form

The present form is intended for people who hold a “Dossier de Soins Partagé” (DSP) and want to request its closure. Please note that you can request your DSP to be re-opened again at any time later on (see [www.esante.lu](http://www.esante.lu) for more details).

**The DSP is designed to optimise the continuity and coordination of healthcare between various healthcare professionals in Luxembourg, by storing a selection of useful and relevant medical data in a secure environment.** The closure of your DSP will therefore complicate the exchange and sharing of your health information between the various healthcare professionals treating you. Before sending your request, we strongly recommend you to discuss the consequences of this closure with your doctor or the healthcare professionals in charge of your care.

**Note: if you have signed a declaration of 'primary care physician', the closure of your DSP will cancel that declaration.**

It is also possible to close your DSP very quickly online using the activation code you received by post. Any illegible or incomplete form cannot be processed by Agence eSanté and will be returned to the sender.

### Closing request form for the “Dossier de Soins Partagé” (DSP) from :

1	National identification number (Matricule)*	2	Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
3	Name*	4	First name*		
5	Date of birth *	JJ/MM/AAAA		6	Phone number
7	Email address	8	Postal address		

\* Fields must be filled in

### 9. Reason for requesting the closure of your DSP (optional)

#### Required documents :

- Photocopy of your identity card, residence permit or passport
- Photocopy of your social security card

*If the present request is not filed by the holder of the DSP but by his legal representative:*

- First name and name from the legal representative : .....
- Copy of the identity document of the legal representative
- Copy of a document proving this person's legal authority \*

\* For divorced/separated parents or tutors

#### Reserved for Agence eSanté

Date of the closure :

Ticket :

Name of the eSanté agent:

### 10. Please copy the following statement in the field below, put the date and sign the present form

**“I herewith request to close my DSP and acknowledge having fully understood the consequences of its closure.”**

If the request is made by the legal representative of the owner of the DSP to be closed, copy the following text: **“I, the undersigned (Name and First Name), acting in my capacity as legal representative of (Name and First Name), request the closure of his/her DSP with full knowledge of the consequences.”**

Date / /

Signature of requestor

Personal data are collected and processed by Agence eSanté, who is in charge of processing the DSP, in accordance with the provisions of Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and the free movement of such data. You can at any time exercise the right to request access to your data, to have them corrected or deleted, or to object to the processing of your data, by contacting our Data Protection Officer (DPO) at [privacy@esante.lu](mailto:privacy@esante.lu).

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## Explanatory note (do not return) DSP closing request form

### 1. General information

Agence eSanté is Luxembourg's national agency for the sharing and exchange of health related information. It was set up by the law of 17 December 2010 reforming the health system, and its missions are defined by articles **60ter and 60quater of the Social Security Code and the Grand-Ducal Regulation of 06/12/2019**.

As foreseen by its legal missions, Agence eSanté holds a "Dossier de Soins Partagé" (DSP – electronic health record) available to all persons affiliated to the Luxembourg social security, and their health providers. The DSP centralises a patient's essential medical data and other relevant health related information. Its purpose is to enhance the security, continuity and coordination of the patient's care. It also allows efficient use of healthcare services in Luxembourg.

The attached form allows any holder of a DSP, if necessary represented by his legal representative, to request the closure of his DSP. This form is also accessible electronically on [www.esante.lu](http://www.esante.lu). The closure of a DSP is a procedure that can be revoked at any time: a patient can reconsider his decision and ask for the DSP to be reopened.

The data provided with this form, as all its supporting documents, are collected and processed by Agence eSanté, who is responsible for processing the DSP, in accordance with the provisions of Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and the free movement of such data. You can exercise your rights online or by contacting Agence eSanté at [privacy@esante.lu](mailto:privacy@esante.lu).

#### The consequences of closing your DSP :

- The results or reports of examinations (biology, imaging ...) will no longer be in your DSP. You will have to ask the health professionals you consult whether they have duly received the results and reports necessary for your treatment.
- In the event of a life-threatening emergency, the health professionals in the emergency unit can no longer have access to the history of the documents contained in the DSP, which complicates the patient's personal care.
- The patient can no longer be informed of his entire care pathway, nor even the health professionals providing medical follow-up.
- The declaration of primary care physician signed by the patient and the primary care physician concerned is cancelled.

As every treatment is **unique and individually** adapted to the patient's medical history, it is advisable to **discuss your decision to close your DSP** with the healthcare professionals involved in your care.

### 2. How to fill out this form ?

The information required to process your request is identified by the asterisk (\*). The form must be completed in a legible way for Agence eSanté to be able to process it. Only the original copy must be sent to us.

- (1) (\*) National identification number ("matricule"): This is the 13-digit number on your social security card.
- (2) Please indicate your civil status: Mr (Sir), Mrs (Madam)
- (3) (\*) Please indicate your name of birth in capital letters as mentioned on the copy of the valid identity card that you have enclosed with the present DSP closing request form.
- (4) (\*) Please indicate your first name at birth in capital letters as mentioned on the copy of the valid ID card that accompanies your DSP closing request form.
- (5) (\*) Please indicate your date of birth as mentioned on the copy of the valid ID card that accompanies your DSP closing request form.
- (6) Please indicate your current fixed phone or mobile phone number so that Agence eSanté can contact you if necessary and keep you informed about the processing of your request.

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- (7) Please provide your email address so that Agence eSanté can contact you and keep you informed about the processing of your request.
- (8) You can indicate your postal address.
- (9) You may indicate the reason for closing your DSP. This information will allow Agence eSanté to assess the implementation period of the DSP.
- (10) (\*) Please sign and date the following handwritten statement: **"I request the closure of my DSP and acknowledge that I am aware of the consequences"**.

If the request is made by a legal representative of the DSP holder (for example a minor), the representative must write the following statement: **"I, the undersigned, Mrs/Mr (indicate name and first name), acting as the legal representative of (indicate name and first name of the beneficiary of the DSP), request the closure of his/her DSP with full knowledge of the consequences."**

### 3. Whom should I send the present form to?

The original form, duly completed and signed, must be sent by post to Agence eSanté's Medical Information Unit or by email to [confidentiel.sante@esante.lu](mailto:confidentiel.sante@esante.lu). Your request will be processed by aforementioned unit's doctor.

We strongly recommend you to send the closing request form and its supporting documents by registered post with acknowledgement of receipt.

**The postal address is : Agence eSanté, Pôle information médicale – B.P. 2511 - L-1025 Luxembourg.**

The following supporting documents must accompany the closing request form:

- a photocopy of a valid proof of identity (identity card, residence permit or passport)
- a photocopy of your social security card
- If the applicant is the legal representative of the DSP holder (articles 12 to 14 of the law of 24.07.2014 on the rights and obligations of the patient), the following supporting documents should be submitted additionally :
  - a photocopy of a valid identity document of the (legal) representative
  - a photocopy of the legal document establishing parental authority, guardianship, or the status of «trusted person».

### 4. You need more help ?

Visit our website [www.esante.lu](http://www.esante.lu) where you will find various informative documents such as brochures, explanatory videos, a list of frequently asked questions and answers, user manuals, etc.

Contact our multilingual Helpdesk :

- by phone : (+352) 27 12 50 18 33
- or by email : [helpdesk@esante.lu](mailto:helpdesk@esante.lu)

You can also contact the doctor of our Medical information unit by email : [confidentiel.sante@esante.lu](mailto:confidentiel.sante@esante.lu)