

Privacy Information Request Form

Patient Details

Surname:	Given Name(s):
Street Address:	
Suburb:	Postcode:
Landline:	Mobile:
Date of Birth:	UR No. (if known):
Email Address:	

Applicant Details *(if different to above)*

Surname:	Given Name(s):
Street Address:	
Suburb:	Postcode:
Landline:	Mobile:
Date of Birth:	UR No. (if known):
Email Address:	

Relationship to Patient: *(attach supporting documentation)*

For requests relating to children under the age of 16 years:

Is the child subject to a Family Court Order? No Yes *(attach copy Court Order)*

Document Requested

Describe what information you require:

- Full Medical Record
 Progress notes
 Operation Report
 Other (please specify date range and / or specify part of the medical record)

Format of Information Request

- Copy of the Record
 Summary of the Record
 Inspect the Report

Authority to Access Information

Request for information relating to another individual

You must provide signed authority from the patient to release their information or you must provide evidence that you have the authority to access this information. If a patient is a child under the age of 16 years and there are legal circumstances that may impact on the release of the child's information, evidence that you have the right to access the patient's information must be provided (i.e. a copy of the Family Court Order).

Signed authority from patient

AND Further evidence provided (if required) _____

Requesting information relating to a deceased individual

Where the patient is deceased, the patient's next of kin must provide evidence that they are next of kin (i.e. copy of Death Certificate / Power of Attorney) and sign an authority to release the information (if release is to a third party)

Death Certificate

AND Signed authority by NOK (if release is to a third party) _____

Fees and Charges

\$20.00 search fee

\$0.30c per page photocopy

\$30.00 fee for explanation of personal health information (if requested)

\$11.00 registered mail charge

Collection

Are you requesting access to another person's health information? No Yes

Collect record in person (ID required prior to release)

Record posted to you (ID required prior to release)

The information requested will be provided (as specified by you above). If by post, forwarded to the postal address specified under the 'Details of Applicant'.

Applicant Signature:

Date:

Office Use Only – Verification of Identity

Verification of Patient ID

OR

Verification of Authorised Person

ID sighted, copied & certified

Drivers licence

Passport

Enduring Power of Attorney

Guardianship Order / Family Court Order

Office Use Only – ID Confirmed By

Name:

Signature:

Date: