Request to Access a Patient / Resident Record

SECTION 1 – Details of Patient / Resident *(Patient / Resident / Responsible Person to complete)*		
Name of Patient / Resident:		Date Requested:

If patient is incapable of giving or communicating consent, health information may be provided to a responsible person as defined by the Act.

Name of Responsible Person: _____

(Please tick relationship to patient or Resident, i.e. Guardian, Parent, Power of Attorney, etc.)

Please provide photocopied proof of authorisation to access patient information prior to this request being processed.

❒ Parent ❒ Child or Sibling >18 years ❒ Spouse or De Facto Spouse ❒ Relative >18 years and member of patient's household

❒ Guardian ❒ Enduring Power of Attorney ❒ Intimate Personal Relationship with Patient/Resident

❒ Person Nominated by the Individual to be contacted in case of Emergency

Please specify reason why patient is incapable of giving / communicating consent: _____

_____

_____

Address:		Post Code:
Contact Phone Number(s):	Business Hours:	After Hours:
Date of Birth:	Medical Record No:	

Specific nature of information and reason requested: (if insufficient space, please attach additional pages)

_____

_____

_____

_____

Name *(please print)*: _____

Signature: _____ Date: _____/_____/_____

SECTION 2 – Acknowledgement of Potential Costs *(Patient / Resident / Responsible Person to complete)*

I acknowledge that in the event that I require an explanation of the record, or copies to be made, there may be a cost involved and that payment would be required on/or prior to collection. I will be notified of the amount in due course.

Name (please print): _____

Signature: _____ *Date:* _____/_____/_____

SECTION 3 – Patient / Resident Records *(Patient / Resident / Responsible Person to complete)*

Requested Information to be COLLECTED by (please tick):

❒ Medical Practitioner ❒ Solicitor ❒ Health Fund ❒ Patient / Applicant

❒ Other (please specify) _____

OR POSTED TO:

❒ Medical Practitioner ❒ Solicitor ❒ Health Fund ❒ Patient / Applicant ❒ Other (please specify) _____

If to be posted, please complete name and address of person to whom information is to be sent and specify whether by ORDINARY or REGISTERED Mail: _____

_____

_____

❒ Ordinary Mail ❒ Registered Mail

Requests will be processed in order of receipt, however records will be available within a maximum of 30 days.

In the event that you wish to collect your record in person, identification will be required prior to release.

Signature on collection: _____ Date: _____/_____/_____