

DETAILS OF APPLICANT

Title Family Name Given Names

Previous Name (if applicable) Date of Birth

Residential Address (include Postal Address if applicable)
 Tel No. (Home)

..... Tel No. (Work)

..... Postcode Mobile

IF THIS REQUEST RELATES TO THE RECORDS OF ANOTHER PERSON PLEASE COMPLETE

Title Family Name Given Names

Previous Name (if applicable) Date of Birth

Residential Address
 Tel No. (Home)

..... Tel No. (Work)

..... Postcode Mobile

Relationship to applicant*

*If you are the parent/legal guardian, is there a current parenting order? No Yes. If yes please attach a copy of the parenting order.

CONSENT

If you are requesting documents relating to the personal affairs of another person, on their behalf, they must give consent. Note: ID is required from both the patient and the applicant. In the event that the person is deceased, the applicant must have consent of the authorised representative. Proof of relationship is required. If you are the person's legal guardian a copy of the guardianship order/relevant documentation is required.

I, Authorise Health
Client/Parent/Guardian/Authorised Representative Name of Health Service

Service to release a copy of clinical notes relating to * myself/nominated third party applicant (*cross out whichever does not apply)

Signature: **Date:**

DETAILS OF REQUEST

Date/s or period of attendance for which records are required

Describe clearly the documents required

PLEASE NOTE: as a matter of routine, information such as medication charts and observation charts are not copied unless they are specifically requested

This form has a reverse side

FORM OF ACCESS

I wish to VIEW the documents (No Charge)

There will be a staff member made available during the viewing session. For VIEWING ONLY of documents, the Health Information Department will arrange an appointment for you

I require a COPY of the documents

A copy of all or part of a clinical record costs \$30 plus 35 cents per page in excess of 80 pages. You will be advised prior to processing if there is an excess of 80 pages in your record.

IDENTIFICATION

ACCEPTABLE FORMS OF IDENTIFICATION: (Two forms of ID are required preferably photo ID, one form of ID must have your signature on it)

(Please tick the appropriate box for which documentation has been verified)

- | | |
|--|--|
| <input type="checkbox"/> Passport (photo) | <input type="checkbox"/> Employment ID (photo) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> Credit/Debit cards |
| <input type="checkbox"/> Current driver's licence (photo) | <input type="checkbox"/> Medicare Card |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Public Service ID (photo) | |
| <input type="checkbox"/> Centrelink Card | |
| <input type="checkbox"/> Membership Card (Union or trade, professional bodies, educational institutions) | |
| <input type="checkbox"/> Other – please specify | |

I have enclosed the required identification

FEES, CHARGES AND PAYMENT

The application fee for copies of documents is stipulated under the NSW Health Department Information Bulletin IB2010_041.

The charge for providing a copy of a clinical record, or part thereof eg. progress notes, pathology reports to a maximum of eighty pages is \$30. This charge includes search fee, photocopy charges, labour costs, administrative charges and postage. Provision of a copy of a clinical record in excess of 80 pages will be charged at 35 cents per page. The balance must be paid before the documents are released.

- My **Cheque/money order** for \$33 for the copying fee is enclosed. Cheques/money orders should be made payable to <Name of Health Service>

Please note: Cash payment can be made at the Health Service. Do not send cash through the post.

INFORMATION FOR APPLICANTS

- This Facility is authorised to refuse access under the Health Records & Information Privacy Act 2002 (HPP 7). This includes information where the release may have an adverse impact on the patient's physical or mental health.
- Please try to provide as much detail as you can to help us identify the documents you want
- Where a parenting order exists, consideration will be given to the terms of the parenting order prior to information being released
- Your request will be processed within 21 working days of receipt in the Health Information Department on the proviso that the required information and fees have been received.
- If information contained in the record is deemed to be sensitive, you may be asked to nominate a treating Health Professional who will view the record with you.
- This application is for documents at the nominated facility only. If documents are required from multiple facilities within the Greater Southern Area Health Service, a separate application and fee is required to be lodged at each facility.

FOR FURTHER INFORMATION please contact the Health Information Department on <HID Contact No.>

PLEASE SEND THIS FORM AND FEE TO: <Health Service Address Details>

OFFICE USE ONLY

Date received: Due date: Receipt no:

AUID: ID Obtained: Yes No Mode of delivery: Mail Pick up

View with: Signature of viewing supervisor:

Processed by Date completed