



Mercy Health

Care first

# PERSONAL INFORMATION ACCESS REQUEST FORM – HOME & COMMUNITY CARE

**Complete this form to request access to personal information held about you by Mercy Health. You can only request access to information about yourself or someone to whom you have authority to request access on their behalf.**

**This application must be accompanied by a copied form of identification (such as a copy of a driver's licence or pension card) to assist us to verify your identity.**

**If you are not the person in SECTION 1 to whom the request relates, please complete BOTH Sections 1 and 2.**

## SECTION 1 – Client details

Name:.....

Address:.....

.....

Phone (BH): (     ) .....Date of Birth.....

**SECTION 2 – Applicant details** (This section only needs to be completed if you are not the client above to whom the request relates)

Name:.....

Address:.....

.....

Phone (BH): (     ) .....

Relationship to client: .....

**Important: To assist us in deciding if we can provide a client's information to you, you must provide evidence of your authority to ask for their information e.g. signed written consent authorising access to be provided to you, enduring power of attorney.**

## SECTION 3 – Details of Request

**Request for access from:**

Mercy Health Home Care office (refer next page): .....

**Details:**

Please provide specific details of the personal information you would like to obtain:

.....  
.....  
.....  
.....  
.....  
.....  
.....

In order to assist us with your application, please advise what you require this information for:

.....  
.....  
.....

Please sign and date this form and return it to the applicable Mercy Health Home Care office below with proof of your identity and evidence of authority (if applicable). Please note requests may take up to 30 days to process.

Signature..... Date: ..... / ..... / .....

**Mercy Health Home Care offices:**

**Geelong**

Suites 12-15  
240 Pakington Street  
Geelong West Vic 3218  
Phone: 03 5240 7300

**Colac**

83-99 Queen St  
Colac Vic 3250  
Phone: 03 5233 5603

**Parkville**

67 Cade Way  
Parkville Vic 3052  
Phone: 03 9385 9444

**McKinnon**

259 Jasper Road  
McKinnon Vic 3204  
Phone: 03 8530 6999

**Albury**

PO Box 364  
Albury NSW 2640  
Phone: 02 6024 9508

**Young**

Locked Bag 8010  
Young NSW 2594  
Phone: 02 6382 8322

**ACT**

Suite 2E  
Gungahlin Village  
46-50 Hibberson Street  
Gungahlin ACT 2912  
Phone: 02 6228 9600

**OFFICE USE ONLY**

Date request received:.....

Referred by(name): ..... Position:.....