

REQUEST FOR ACCESS TO INFORMATION

Patient Details

Name of Patient: _____

Patient's Date of Birth: _____/_____/_____

Applicant Details

Name of Applicant: _____

Applicant's address: _____

_____ State: _____ Postcode: _____

Applicant's Email address: _____

Telephone: _____

What is your relationship to the patient?

- | | |
|--|---|
| <input type="checkbox"/> I am the patient & the applicant | <input type="checkbox"/> Relative (>18 years & member of patient's household) |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Exercising enduring power of attorney |
| <input type="checkbox"/> Spouse or De facto | <input type="checkbox"/> Nominated by the patient to be contacted in an emergency |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Intimate personal relationship with patient |
| <input type="checkbox"/> Child or sibling (>18 years of age) | |

Details of Request

Please tick or outline the specific nature of the information requested:

- The entire medical record including all admissions, correspondence, investigation results and all other clinical notes

Please put down date range for information requested in 'Other' for below options.

- | | |
|---|---|
| <input type="checkbox"/> Certain sections of the medical record (please detail sections in 'Other') | |
| <input type="checkbox"/> Progress notes | <input type="checkbox"/> Correspondence and Investigation results |
| <input type="checkbox"/> Operation Report/s | <input type="checkbox"/> Implanted devices/prosthesis |
| <input type="checkbox"/> Other (please specify): _____ | |

Recipient Details

If the Recipient's details are different to that of the Applicant please complete recipient details below:

Name of recipient: _____

Address of recipient: _____

_____ State: _____ Postcode: _____

Recipient's Email address: _____

Please specify the preferred method of receiving a copy of the requested information:

- Email
- Mail - will be sent by registered mail
- Collection by the applicant
- Collection by the recipient

Please note we will require photographic identification (licence/passport) to validate the identity of the recipient before releasing the documentation.

I acknowledge that there may be an administrative charge involved in processing my request and providing access to the requested information. I will be provided with an estimate of the administrative charge which is to be paid in full prior to gaining access to the requested information.

Signature of Applicant: _____ Date: ____/____/____