Peninsula
Private Hospital
Part of Ramsay Health Care

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?

□ I am the patient & the applicant

□ Parent

□ Spouse or De facto

□ Guardian

□ Child or sibling (>18 years of age)

□ Relative (>18 years & member of patient's household)

□ Exercising enduring power of attorney

□ Nominated by the patient to be contacted in an emergency

□ Intimate personal relationship with patient

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.

□ Certain sections of the medical record (please detail sections in 'Other')

□ Progress notes

□ Operation Report/s

□ Correspondence and Investigation results

□ Implanted devices/prosthesis

□ 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 ①

□ Collection by the applicant ②

□ Collection by the recipient

① Please note that it is hospital practice to send the copy of the requested information by registered mail

② Please note that if the copy of the requested information is to be collected in person, we will require photographic identification (licence/passport) to validate the identity of the recipient

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: _____ / _____ / _____