

SECTION 1 – Details of Patient (Patient / Responsible Person to complete)

Name of Patient:		Date of Birth:
Address:		Post Code:
Phone Number:	Date Requested:	Medical Record No:

Section 2 – Details of person requesting access other than patient (If patient, go to section 3)

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:

Contact Numbers:	Business hours:	After hours:
------------------	-----------------	--------------

Relationship to patient (Please provide photocopied proof of authorisation to access patient information prior to this request being processed)

Parent	Child or Sibling >18 years	Relative >18 years and member of patient's household
Guardian	Spouse or Defacto Spouse	Enduring Power of Attorney
Person Nominated by the Individual to be contacted in case of Emergency		

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

SECTION 3 – Consent / Request to release of Information (Patient to Complete)

I request the release of (specific nature of information requested):

Please specify the reason for your request:

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 is required on / or prior to collection. I will be notified of the amount in due course.

Name (please print)	Please provide a copy of photo ID with application
Signature:	Date:

SECTION 4 – Patient Records (Patient/Responsible Person to complete)

Requested information to be COLLECTED by (please tick)

Patient/Applicant	Other (please specify)
-------------------	------------------------

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

OR POSTED / FAXED to:

Patient/Applicant	Medical Practitioner	Other (please specify)
-------------------	----------------------	------------------------

If to be posted, please complete name and address of person to whom information is to be sent:

If to be faxed, please enter fax number: (NB: only requests < 10 pages will be faxed)
Requests will be processed in order of receipt; however, records will be available within a maximum of 45 days.