

APPLICATION FOR RELEASE OF HEALTH INFORMATION

(Including copies of clinical notes)

Complies with Health Records and Information Privacy Act 2002 & IB2014_054

Application for Release of Health Information

Section 1 DETAILS OF THE APPLICANT

Title Family Name Given Names

Previous Name (if applicable) Date of Birth

Residential Address (include Postal Address if applicable)

..... Tel No. (Home) email:

..... Tel No. (Work)

..... Postcode Mobile SIGNATURE:

Section 2 ONLY complete section 2 & 3 if you are requesting on "behalf of another person"

Title Family Name Given Names

Previous Name (if applicable) Date of Birth

Residential Address

..... Tel No. (Home) email:

..... Tel No. (Work)

..... Postcode Mobile

Relationship to applicant*

*If you are the parent, **is there a current parenting order?** No Yes. If yes please provide a **copy of the Court Order**.
 If no, then both parents retain parental responsibility and therefore both should be made aware of this application.

Section 3 CONSENT - Ref NSW Privacy Manual (section 5.6)

If you are requesting health information and/or documents on behalf of the patient, they must give consent. Note: ID is required from both the patient and the applicant. In the event that the person is deceased or incapable of consenting, the applicant must have consent as an "authorised representative" for example:

- An **Executor** of the deceased estate (proof is required)
- A **guardian** (including an enduring guardian) who has the function of consenting to medical, or dental treatment (proof is required)
- The most recent **spouse** or **de facto spouse** with whom the person has a close, continuing relationship.
- An **unpaid carer** who is now providing support to the person or even before the person entered residential care.
- A **relative** or **friend** who has a close personal relationship with the person.

I, AuthoriseName of Health Service
 to release health information (including copies of clinical notes) relating to * myself/nominated third party applicant
 (*cross out whichever does not apply)

Signature: Date:

Section 4 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

APPLICATION FOR RELEASE OF HEALTH INFORMATION

Section 5 FORM OF ACCESS												
<input type="checkbox"/> I require a COPY of the documents (Charges apply) refer to section 7 Fees and Charges <input type="checkbox"/> I wish to VIEW the documents (No Charge) <i>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> <input type="checkbox"/> I wish to DISCUSS patient information relating to a complaint (verbal or written) (No Charge) <i>If a person, other than the patient, lodges a complaint, any patient information can only be discussed if there is valid consent. The Complaint Management Policy (PD2006_073) sets out instances when patient consent is required.</i>												
Section 6 IDENTIFICATION Required												
<p>Two (2) types of identification are required (preferably one is a photo ID & one ID with your signature on it) Please tick the appropriate box of the type of identification you will be providing:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Passport (<i>photo</i>) <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Current driver's licence (<i>photo</i>) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Public Service ID (<i>photo</i>) <input type="checkbox"/> Centrelink Card <input type="checkbox"/> Membership Card (Union or trade, professional bodies, educational institutions) <input type="checkbox"/> Other – please specify <input type="checkbox"/> I have enclosed the required identification OR <input type="checkbox"/> The required identification has been sighted </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Employment ID (<i>photo</i>) <input type="checkbox"/> Credit/Debit cards <input type="checkbox"/> Medicare Card <input type="checkbox"/> Utility Bills </td> </tr> </table>	<input type="checkbox"/> Passport (<i>photo</i>) <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Current driver's licence (<i>photo</i>) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Public Service ID (<i>photo</i>) <input type="checkbox"/> Centrelink Card <input type="checkbox"/> Membership Card (Union or trade, professional bodies, educational institutions) <input type="checkbox"/> Other – please specify <input type="checkbox"/> I have enclosed the required identification OR <input type="checkbox"/> The required identification has been sighted	<input type="checkbox"/> Employment ID (<i>photo</i>) <input type="checkbox"/> Credit/Debit cards <input type="checkbox"/> Medicare Card <input type="checkbox"/> Utility Bills										
<input type="checkbox"/> Passport (<i>photo</i>) <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Current driver's licence (<i>photo</i>) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Public Service ID (<i>photo</i>) <input type="checkbox"/> Centrelink Card <input type="checkbox"/> Membership Card (Union or trade, professional bodies, educational institutions) <input type="checkbox"/> Other – please specify <input type="checkbox"/> I have enclosed the required identification OR <input type="checkbox"/> The required identification has been sighted	<input type="checkbox"/> Employment ID (<i>photo</i>) <input type="checkbox"/> Credit/Debit cards <input type="checkbox"/> Medicare Card <input type="checkbox"/> Utility Bills											
Section 7 FEES, CHARGES AND PAYMENT (no charge for ongoing clinical care or handling of complaints)												
<p>The application fee for copies of documents is outlined in the NSW Health Department Information Bulletin IB2014_054. The charge for providing a copy of a clinical record, or part thereof e.g. progress notes, pathology reports to a maximum of eighty pages is \$33. 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 40 cents per page. The balance must be paid before the documents are released.</p> <input type="checkbox"/> 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.												
Section 8 INFORMATION FOR APPLICANTS												
<ul style="list-style-type: none"> 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 Health Professional who will view the record with you. This application is for the nominated facility only. If documents are required from multiple facilities within the Southern Local District, a separate application and fee (if applicable) is required to be lodged at each facility. <p>For further information please contact the Health Information Department on..... <HID Contact No.> Please send this form to:<Health Service Address Details></p>												
OFFICE USE ONLY												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Date received:</td> <td style="width: 33%;">Due date:</td> <td style="width: 33%;">Receipt no:</td> </tr> <tr> <td>AUID:</td> <td colspan="2">ID Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy Parenting Order/Authorised Rep</td> </tr> <tr> <td><input type="checkbox"/> View with:</td> <td colspan="2">Signature of viewing supervisor:</td> </tr> <tr> <td>Processed by</td> <td>Date completed</td> <td>Mode of delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Pick up</td> </tr> </table>	Date received:	Due date:	Receipt no:	AUID:	ID Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy Parenting Order/Authorised Rep		<input type="checkbox"/> View with:	Signature of viewing supervisor:		Processed by	Date completed	Mode of delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Pick up
Date received:	Due date:	Receipt no:										
AUID:	ID Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Copy Parenting Order/Authorised Rep											
<input type="checkbox"/> View with:	Signature of viewing supervisor:											
Processed by	Date completed	Mode of delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Pick up										