



Release of information is regulated by the Health Records and Information Privacy Act 2002

DETAILS OF APPLICANT

Title Family Name Given Names
Previous Name (if applicable) Date of Birth
Residential Address (include Postal Address if applicable)
Tel No. (Home)
Tel No. (Work)
Postcode Mobile

IF THIS REQUEST RELATES TO THE HEALTH INFORMATION OF ANOTHER PERSON PLEASE COMPLETE

Title Family Name Given Names
Previous Name (if applicable) Date of Birth
Residential Address
Tel No. (Home)
Tel No. (Work)
Postcode Mobile

Relationship to applicant\*

\*If you are the parent/legal guardian, is there a current parenting order? No Yes. If yes please attach a copy of the parenting order.

CONSENT OF CLIENT / THIRD PARTY APPLICANT

I, Client/Authorised Representative authorise Name of Health Service 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:

If you are requesting health information relating to the personal affairs of another person, on their behalf, they must give consent. Note: ID is required from both the patient and the applicant. In the event that the person is deceased, the applicant must have consent of the authorised representative. Proof of relationship is required. If you are the person's authorised representative, a copy of the relevant legal documentation is required.

Signature of Authorised Representative: Date:

DETAILS OF REQUEST

Date/s or period of attendance for which health information is required

Describe clearly the health information required.

PLEASE NOTE: Information such as medication charts and observation charts are not copied unless specifically requested

Dev 12/2008 Updated 08/2018

Application for Release of Health Information



FORM OF ACCESS

- I wish to VIEW the documents (No Charge)
There will be a staff member made available during viewing. The Health Information Department will arrange an appointment.
I require a COPY (this may be provided electronically as a PDF document on a disc)
A copy of all or part of a clinical record costs \$33 plus 44 cents per page in excess of 80 pages. You will be advised prior to processing if there is an excess of 80 pages in your record.
I wish to DISCUSS patient information relating to a complaint (verbal or written) (No Charge)
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.

IDENTIFICATION

- A current driver's license is acceptable identification otherwise 2 forms of ID are required preferably one with photo ID and one form of ID must have your signature on it. Please tick the appropriate box
Passport (photo)
Certificate of Citizenship
Current driver's licence (photo)
Birth Certificate
Public Service ID (photo)
Centrelink Card
Membership Card (Union or trade, professional bodies, educational institutions)
Other - please specify
Employment ID (photo)
Credit/Debit cards
Medicare Card
Utility Bills
I have enclosed the required identification OR The required identification has been sighted

FEES, CHARGES AND PAYMENT (no charge for ongoing clinical care or handling of complaints)

The application fee for copies of documents is stipulated under the NSW Health Information Bulletin IB2018\_035.
The charge for providing a copy of a clinical record, or part thereof eg. progress notes, pathology reports to a maximum of 80 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.
My Cheque/money order for \$33 for the copying fee is enclosed. Cheques/money orders should be made payable to the Health Service. Please note: Cash payment can be made at the Health Service. Do not send cash by post.

INFORMATION FOR APPLICANTS

- Access may be refused under the Health Records and 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 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 provided 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 treating 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 Murrumbidgee Local Health District, a separate application and fee (if applicable) is required to be lodged at each facility.

FOR FURTHER INFORMATION CONTACT THE PRIVACY CONTACT OFFICER ON (02) 5943 3701

PLEASE SEND THIS FORM AND FEE TO FACILITY YOU ARE SEEKING RECORDS FROM

OFFICE USE ONLY

Date received: Due date: Receipt no:
AUID: ID Obtained: Yes No Mode of delivery: Mail Pick up
View with: Signature of viewing supervisor:
Processed by Date completed