

REQUEST FOR RELEASE OF INFORMATION



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:
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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):

(if insufficient space, please attach additional pages)

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.

Please provide a copy of photo ID with application

Name (please print)

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.