Health
Northern NSW
Local Health District

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

HEALTH RECORDS AND INFORMATION REQUEST

NNSW020008

Details of Patient

Title: _____ Surname: _____ Given Name*(s)*: _____

Previous Name *(if applicable)*: _____ DOB: _____

Address: _____

Email: _____

Telephone Number (Home): _____ Mobile: _____

Details of Requester

☐ Tick if same as above

Title: _____ Surname: _____ Given Name(s): _____

Previous Name (if applicable): _____ DOB: _____

Address: _____

Email: _____

Telephone Number (Home): _____ Mobile: _____

Relationship to Patient: _____

Details of Request

Date*(s)* or period of attendance required *(Please be specific)*: _____

_____

Clearly describe the documents you require and the purpose of the request *(Please note only information directly related will be released)*: _____

_____

_____

Form of Access

☐ I require a copy of the documents:

☐ To be emailed via Secure File Transfer to email: _____

☐ To be collected from *(identification must be shown when collecting documents)*

☐ To be mailed by registered post to: _____

_____

☐ I wish to view the documents: *(For VIEWING ONLY of documents, please contact the Medico legal Clerk to arrange an appointment for you. Please note that copies of information will not be provided on the day of viewing.)*

Payment

☐ I agree to pay a $33.00 *(incl. GST)* processing fee. If my request is in excess of 80 pages I agree to pay $0.41 *(+ GST)* per page. I will be advised of any additional charges when my request is processed.
I will make payment by: ☐ Cash ☐ Credit Card ☐ Bank Transfer

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

HEALTH RECORDS AND INFORMATION REQUEST NNSW020.008

NNSW020008A 040821

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HEALTH RECORDS AND INFORMATION REQUEST

FAMILY NAME	MRN
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COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Information For Applicants

Applications for health information are requested and processed in accordance with the *Health Records and Information Privacy Act 2002*.
Please provide as much detail as you can to help us identify the documents you require.

IMPORTANT: If you are requesting a medical record that pertains to another person, the **written consent** of that person will be required. **This consent must be an original and not a copy.**

In the event that the person is a **dependant child under the age of 16 years**, evidence of the relationship between the applicant and dependant is required *(eg current Medicare card which lists names and birth certificate of dependant)*. Where parenting orders are in place, please provide a copy of these with the application.

In the event that an active **Health Care Directive or Enduring Power of Attorney** is in place for the person to whom the request for information is about, the applicant must provide the original signed consent of those documented as the legal representative(s) of the patient. Proof of this relationship will be required.

In the event that the person is deceased, the applicant must have the original signed consent of the **Executor of the Will** or the **Administrator of the Estate.** Proof of this relationship will be required.

Fees and charges:
Under the NSW Department of Health Policy Directive PD2006_050 and Information Bulletin IB 2019_036, the charge for providing a copy of the medical record, or part thereof, to a maximum of 80 pages, is $33.00 *(incl. GST).* The charges above include search fee, photocopying charges, labour costs, administrative charges and postage.

Provision of a copy of a medical record in excess of 80 pages will be charged at an additional $0.41 *(+GST)* per page.

Please note:
Applicants will be informed if extra charges apply and the balance **must** be paid prior to processing and release of the documents.

All care will be taken in despatching a copy of medical records to your nominated address by registered post however we cannot take responsibility for missing documents sent by mail.

Applicant identification:
Applicants are required to provide **2 forms** of identification before the medical record can be released. Additional identification is required when seeking information about another person *(refer above).* Applicant's identification must consist of an item from **column A and column B.** Acceptable forms of identification are as listed below:

A	**B**
☐ Passport	☐ Birth Certificate
☐ Citizen Certificate	☐ Health Care Card / Pension Card
☐ Current Driver's Licence	☐ Medicare Card
☐ Public Service ID *(Photo)*	☐ Employment ID *(Without Photo)*
☐ Social Security Card *(Photo)*	☐ Credit/Debit Cards, Pass Books
☐ Tertiary Education ID *(Photo)*	☐ Utility Bills
☐ Employment ID *(Photo)*	☐ Membership Card
☐ Credit Card *(Photo)*	☐ Education Institutions, Union or Trade Card, Professional Bodies

Declaration

This is to certify that the details on this form are correct. I have read this entire document and understand that full payment and appropriate identification is required before documents are processed and released.

Signature: _____ Print Name: _____ Date:_____

Office Use Only

Date received: _____ Receipt Number: _____

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