



REQUEST FOR ACCESS CLIENT HEALTHCARE INFORMATION

In accordance with the Health Records Act 2001 individual requests are to be actioned in 45 days. Use this form to authorise the release of client health records either to the client or their nominated third party including GPs.

SECTION 1 - APPLICANT DETAILS	
Name of Applicant: _____	
If not the patient, consent must be obtained in writing and attached.	
State relationship to patient ie. Guardian, Parent, Power of Attorney etc _____ (if Power of Attorney please provide a copy of documentation)	
Postal Address:	
Postcode:	
Telephone Number:	(Home) _____ (Work) _____
	(Mobile) _____
Please provide a <u>copy</u> of one of the following forms of identification: Drivers Licence, Passport or other form of photo identification	
SECTION 2 - PATIENT DETAILS	
Full Name of Patient: _____	Date requested: _____
Date of Birth: _____	UR Number if known _____
SECTION 3 - REQUEST DETAILS (Please tick relevant box):	
Do you want access to all or part of your healthcare record? All <input type="checkbox"/> Part <input type="checkbox"/>	
If partial access is required, describe clearly the documents you require:	
What form of access do you require?	
Photocopy of record <input type="checkbox"/> View the record <input type="checkbox"/> View the record with explanation <input type="checkbox"/>	
What is the reason for your request?	
If you are requesting a photocopy of the record, who should it be sent to?	
Applicant <input type="checkbox"/> General Practitioner <input type="checkbox"/> Solicitor <input type="checkbox"/> Other (please specify) _____	
If a record is being sent to your General Practitioner, Solicitor or Other, please provide their name & address:	
SECTION 4 - ACKNOWLEDGEMENT OF COSTS	
I acknowledge that there is a cost involved in providing the requested information and that payment is required on/or prior to collection. An invoice outlining the charges to process this request will be forwarded.	
Signature: _____	Date: _____

Please return completed form to reception or mail to:
Rights of Access Request - Client Information Services
Dianella Community Health
55 Craigieburn Rd
Craigieburn Vic 3074