

Request for Personal Health Information

1 (a) Patient Details (please print in block letters)	
Surname:	Given name(s):
Address:	
Date of birth:	
Phone:	Email:
Preferred method of contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>	

1 (b) Reason for Request (please explain briefly)
Please note: If you wish for your medical records to be transferred to another practice/another GP, please complete a Request for Medical Records at your new practice.

1 (c) Applicant	
Applicant name: (if not the patient)	Relationship: (to patient)

2 Health Information Requested (please tick)		
<input type="checkbox"/>	Pathology results	Specify dates:
<input type="checkbox"/>	X-Ray results	Specify dates:
<input type="checkbox"/>	Other test results	Please specify:
<input type="checkbox"/>	Summary of my health information	
<input type="checkbox"/>	Complete health record	
<input type="checkbox"/>	Current medications	
<input type="checkbox"/>	Correspondence on file	
<input type="checkbox"/>	Other	Please give details:

3 How would you like to receive this information?		
<input type="checkbox"/>	View and inspect information. I will make a time with reception.	
<input type="checkbox"/>	View, inspect & discuss contents with my doctor. I will make an appointment at reception.	
<input type="checkbox"/>	Obtain a copy - collect	
<input type="checkbox"/>	Obtain a copy - send via mail	
<input type="checkbox"/>	Obtain a copy	via fax no:
<input type="checkbox"/>	Obtain a copy	via email:

Signature of Applicant	Date
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Note: Privacy requirements allow the doctor in certain circumstances to restrict the release of medical records. Please refer to the Practice Privacy Policy for more information on how we deal with your information. It can take up to 30 days to respond to and action your request. Please advise if your request is urgent.

Charging policy: Fees may be charged for access to and copies of your health information. Please feel free to request information about our charging policy.

Office Use Only	
<input type="checkbox"/>	Date request received:
<input type="checkbox"/>	Acknowledgement date:
<input type="checkbox"/>	Identification verified: Known to staff, driver's licence, passport, 3 patient identifiers confirmed or other:
<input type="checkbox"/>	Appointment made with doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____
<input type="checkbox"/>	Patient to collect. Expected date: _____
<input type="checkbox"/>	Doctor advised prior to release
<input type="checkbox"/>	Noted in patient record
<input type="checkbox"/>	Record checked & ready for patient
<input type="checkbox"/>	Data removed or deleted <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Method of access: <input type="checkbox"/> View/View <input type="checkbox"/> Dr/Copy <input type="checkbox"/> Collect/Copy <input type="checkbox"/> Send
<input type="checkbox"/>	Fee Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ (excluding GST)
<input type="checkbox"/>	Access process complete (record viewed/sent) Date: _____

Checklist for Doctors Prior to Release of Health Information

Reviewed by Doctor:	Date:
Check record is for correct patient. <i>Check name, DOB & address.</i>	<input type="checkbox"/>
Would access pose a serious threat to the life or health of anyone, including the patient? <i>If it is possible to provide the information in another form which would remove the threat, for example discussing in person with the applicant, then this could be an option.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the privacy of others be affected? <i>It may be possible to remove the other person's ID details prior to release of information. Check remaining parts of the record to not reveal the person's ID. You can try to contact the other person for their consent to release information in the record. Consider if this contact may cause a privacy risk for the patient.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the request frivolous or vexatious?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the information relate to existing or anticipated legal proceedings? <i>If yes, withhold information that would not be discoverable in those proceedings.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Would access prejudice negotiations with the individual? <i>E.g. regarding a negligence or other claim.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Would access be unlawful due to other legislation? <i>Where any Commonwealth or state law prohibits this or if it would breach any other statutory or common law. e.g. Adoption Act, Infertility Treatment Act.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'yes' was answered for any of questions 1-6 above then the doctor may have grounds for denying access to the record or certain parts thereof.
If there's no reason to deny access then proceed to peruse record. Ascertain if all information being requested is still suitable for release.

Access denied / deletions	
	<input type="checkbox"/>
	<input type="checkbox"/>