



## REQUEST FOR ACCESS TO INFORMATION

In accordance with the Health Record Act 2001 patients can request access to information from their medical record.

Once your application form has been received, a search will be conducted and fees will be calculated for the information you seek.

Under the Health Record Act 2001 and the Privacy Act 2014, Linacre Private Hospital has 45 days to provide the requested information.

There are costs involved in providing this information and an invoice will be sent once an initial request is made.

### PATIENT DETAILS

Name of Patient: \_\_\_\_\_ Other Names/Surnames: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### APPLICANT DETAILS

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### What is your relationship to the patient?

- I am the Patient & the Applicant
- Exercising Enduring Power of Attorney (Please provide supporting documentation)
- Parent/Guardian
- Child or Sibling (>18 years of age)
- Legal Representative (Please provide patient consent)

## DETAILS OF REQUEST

Please indicate the information you are requesting along with dates of admission/discharge:

- Entire medical record
  - Progress notes
  - Operation report/s
  - Correspondence and Investigation results
  - Implanted devices/prosthesis
  - Other (please specify): \_\_\_\_\_
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## RECIPIENT DETAILS

If the Recipient's details are different to the Applicants please complete Recipient details below:

Name of Recipient: \_\_\_\_\_

Address of Recipient: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please specify the preferred method of receiving a copy of the requested information:

- Secure Email
- Registered Mail
- Collection by the Recipient

*Please note that if the requested if the copy of the requested information is to be collected in person, we will require photographic identification (licence/passport) to validate the identity of the recipient.*

**I acknowledge that there may be an administrative charge involved in processing my request and providing access to the requested information. I will be provided with an estimate of the administrative charge which is to be paid in full prior to gaining access to the requested information.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_