

Request for Record Access

Under the *Act Health Records (Privacy and Access) Act 1997, Section 7*

See over for fees: Allow up to 4 weeks for processing

URN:

(Office use only)

1. Patient (whose record do you want to access?) ☐ Mine ☐ Someone else's (complete details in sections 1 & 2)

Surname		Given Names			
Maiden Name (or other name)		Date of Birth	/	/	Pension No.
Address		Suburb		Postcode	

2. Requestor

Surname		Given Names			
Relationship (to patient)		Company			
Address		Suburb		Postcode	
Home Ph.		Mobile No.		Fax No.	

3. Information Required (What information do you require)

Health Facility (please tick)		See over page for fees applicable. No GST is payable on requests
Type of Access	1. Copies of the record: <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Entire record from ____/____/____	
	2. Specific Information: <input type="checkbox"/> Mental Health <input type="checkbox"/> Primary Health – Justice Health Services <input type="checkbox"/> Alcohol & Drug Services Additional information:	
	3. Access to view the record (Access to view with explanation will require a Doctor's Appt. Additional Consultation fees may apply) <input type="checkbox"/> of Attendance on ____/____/____ OR <input type="checkbox"/> Entire Record <input type="checkbox"/> Other _____	

4. Authority

Grounds For Authority	I am authorised to access the record on the patient's behalf because <i>(Please tick whichever is applicable)</i> <input type="checkbox"/> I am the patient <input type="checkbox"/> I have the patient's/parent's/guardian's written consent (see below) <input type="checkbox"/> I am the patient's next of kin <i>(Only applicable where the patient is a minor (under 16), or where the patient is deceased with no Will)</i> <input type="checkbox"/> I am the Legal Guardian, Executor of the Will or have a Power of Attorney <i>(Please attach evidence)</i>
Consent <i>(Parent/Guardian consent needed if patient is under 16 years)</i>	I hereby authorise the release the information specified above to the requestor named on this form. Signature: _____ Print Name: _____ Date: ____/____/____ Relationship to the patient: _____ Are there any Guardianship/Parental Responsibility Orders currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please supply copies)</i>

Return completed form via:

Email: ROIMHJHADS@act.gov.au

Post to: Release of Information Team

Mental Health, Justice Health & Alcohol and Drug Services
GPO Box 825
CANBERRA CITY ACT 2601

Enquiries: Release of Information Officer – phone 5124 1578

Fees: The fee is based on the number of pages so will be calculated after the request is received and the record is reviewed.
(Allow up to 4 weeks for processing)

Fees

\$44.70 for 50 pages, then 40c per additional page*

Pension/Health Care Card 50% discount applicable for requests by **Patients to access their own record – Please supply copy of Pension or Health Care Card (Note: A discount is not applicable for 3rd party requests e.g. solicitors, insurance companies)*

*(If payment of fee will cause undue financial hardship, provide written justification to support request for waiving of fees)
(Access to view with explanation will require a Doctor's Appointment. Additional Consultation fees may apply)*

ENGLISH ARABIC CHINESE CROATIAN DARI GREEK ITALIAN LAO MALTESE PERSIAN RUSSIAN SPANISH VIETNAMESE	If you need interpreting help, telephone: إذا احتجت للمساعدة بالترجمة الشفوية، اتصل بالهاتف: 如果您需要口译员帮助，请拨电话： Ako trebate pomoć tumača telefonirajte: اگر بہ کمک ترجمہ شفاهی ضرورت دارید، بہ این شماره تلفون کنید: Αν χρειάζεστε διαμενηέα τηλεφωνήστε στο: Se avete bisogno di un interprete, telefonate al numero: ຖ້າ ການຄວາມຊ່ວຍເຫລືອກຸ່ມກັບການແປພາສາ. ໃຫ້ໂທ:ສີບຫາ Jekk għandek bżonn l-għajnuna t'interpretu, ċempel: اگر بہ ترجمہ شفاهی احتیاج دارید بہ این شماره تلفن کنید: Если вам нужна помощь переводчика, звоните по телефону: Si necessita la asistencia de un intérprete, llame al: Nếu bạn cần một người thông ngôn hãy gọi điện thoại:
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TRANSLATING AND INTERPRETING SERVICE
131 450
 Canberra and District – 24 hours a day, seven days a week
 HEALTH CARE INTERPRETERS (02) 6205 3333