ACT Government | Canberra Health Services

Interpreter — Call **131 450** for a free interpreter

Patient request to access Health Records

Please complete relevant sections and sign patient consent on page 2

Patient Details ***(one patient per form)***	**MRN** *(office use only)*

Surname ____________________ Given names ____________________

Maiden/previous surname ____

Date of birth ____ / ____ / ________ Sex ____________

Address ____

Suburb ____________________ State ____________ Postcode ____________

Phone ____________________ Mobile ____________________

Email ____________________ Pension No. *(for 50% discount)* ____________________

Requester ***(if different to Patient)***

Surname ____________________ Given names ____________________

Address ____

Suburb ____________________ State ____________ Postcode ____________

Phone ____________________ Mobile ____________________

Email ____________________ Pension No. *(for 50% discount)* ____________________

Type of access	**Viewing Access Only** *Note - to physically view a record you need to make an appointment to attend Health Information Services at The Canberra Hospital*
View Record Fees are $17.10 *(No GST)* *Pensioners receive discount of 50%*	☐ I would like to physically view my record Please specify which facility you attended: ☐ Canberra Hospital ☐ Royal Canberra Hospital ☐ Community Health Please specify what you would like to view: ☐ Attendance on or from ____ / ____ / ____ ☐ Entire record ☐ Records from a specialised unit *(please specify)* ____________________
	Printed Copies
Printed copies Fees are For first 50 pages $47.00 *(No GST)* Additional pages $0.40 per page *Pensioners receive discount of 50%* Encrypted USB Fee is $33.10	☐ I would like copies of my record Select One: ☐ Printed Copy ☐ Encrypted USB Please specify which facility you attended: ☐ Canberra Hospital ☐ Royal Canberra Hospital ☐ Community Health ☐ Mental Health Please specify what you would like to copies of: ☐ Entire record ☐ Summary documents only *(e.g. discharge summaries, operation reports)* Specific sections only: ☐ Inpatient records ☐ Outpatient records ☐ Emergency Department records ☐ Community based records ☐ Exclude observation reports ☐ Exclude pathology ☐ Part record from ____ / ____ / ____ to ____ / ____ / ____ ☐ Other *(please specify)* ____________________ ☐ Records from a specialised unit *(please specify)* ____________________

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Type of access	Specific Information
Specific Information Fee is $62.98	☐ I would like specific information ☐ Medical Certificate for ______ / ______ / ______ ☐ Statement of attendance for ______ / ______ / ______ *(does not incur a fee)*
	Time of Birth (only)
Time of Birth Fee is $17.10 *(per patient)* *Pensioners discount does not apply*	☐ I would like a search conducted to obtain my exact time of birth or ☐ I would like to obtain the exact time of birth for my children *(under 16 years)* Name of child ____________________ Date of birth ______ / ______ / ______ Name of child ____________________ Date of birth ______ / ______ / ______ Name of child ____________________ Date of birth ______ / ______ / ______ *For additional times of birth, please provide a list of children's details as per above*

Authority to access records

I am authorised to access the record because:

☐ I am the patient

☐ I have the patient's/ parent's/ guardian's written consent

☐ I am the patient's next of kin

☐ I am the legal guardian, executor of the will or have power of attorney *(please attach evidence)*

Patient/ Parent/ Guardian's written consent

I hereby authorise the release of information specified above to the requester named on this form.

Signature ____________________ Print name ____________________

Date ______ / ______ / ______ Relationship to patient ____________________

Are there any Guardianship/Parental Responsibility Orders currently in place? ☐ No ☐ Yes *(provide copies)*

Information

Return completed form to	Fax to (02) 5124 3316 or scan and email to CHS.HIS.ROI@act.gov.au or post to Health Information Service Canberra Hospital PO Box 11 WODEN ACT 2606

Please attach copy of ID, and written consent if applicable.

Note not all records are stored on site, please allow up to 4 weeks for processing.

Enquiries	Phone (02) 5124 2124 - Option 2 or email your question to CHS.HIS@act.gov.au
Fees	The fees are calculated after the request has been received and is based on the number of pages requested. You will be sent an invoice advising of the cost. **Payment is required prior to dispatch of documents.**

Office Use Only

☐ ID sighted ☐ Guardianship Orders sighted

☐ Discharge Summary only ☐ Radiology Report only Number of pages provided ____________________

Staff member initials ____________________