



**Request by consumer to obtain personal health information under the *ACT Health Records (Privacy and Access) Act 1997***

This form is to be completed by the consumer or the Consumer's parent / Guardian or agent.

**Please read this form carefully and do not sign if you do not understand it or do not agree with its terms.**

**Consumer details**

Surname:

Given Names:

Former/Maiden Name:

Date of Birth:

Address:

Postcode:

Phone

Mobile

Pension No:

**Information required:**

Access to the health record of the above named consumer at Calvary Public Hospital Bruce (prior to 3 July 2023) or North Canberra Hospital (from 3 July 2023)

Period between:

Details of information requested:

Information to be excluded: eg Observation Charts, Pathology, Medication Charts, etc

**Type of access requested (Select one of the following)**

A copy of the specified admission

A copy of the entire record from

Access to view the record with an explanation

Access to view the record

**Third party requestor's details**

Surname:

Given Names:

Name of Solicitor/Insurance Company:

Relationship to Consumer:

Phone:

Address:

Postcode:

Grounds for authority

- I am the Consumer
- I am authorised to access the record on the Consumer’s behalf because (please tick whichever below is applicable)
  - I have the written consent of the Consumer/Parent/Guardian (see below)
  - I am the Consumer’s Parent/Next-of-kin (only applicable where the consumer is a minor or compassionate reasons)
  - I am the Legal Guardian, Executor of the Will or have a Power of Attorney (please attach evidence)

Consumer, parent or guardian’s consent (Parent or Guardian consent required if consumer is under 18)

I hereby authorise North Canberra Hospital to release the information specified above to the requestor named on this form

Name:

Signature:

Relationship to Consumer:

Date:

If Consumer is under 18, are any Guardianship/Parental Responsibility Orders currently in place

Yes (please supply copies of orders)

No

Office use only	Date collected	ID photocopied	Signature
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Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.



Accessibility  
Call (02) 5124 0000



Call 131 450

canberrahealthservices.act.gov.au/accessibility

