

# Government Information (Public Access) Act 2009 ACCESS APPLICATION

## Medical Records / Health Information

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009 (GIPA Act)*. If you need help in filling out this form please contact the Medical Records Department (at the facility) where your records are held. The contact details (including the address and phone numbers) can be found on page 4 of this application, or by visiting the Right to Information page and by clicking the “*Accessing Health Your Health Information*” link on our website at <http://www.slhd.nsw.gov.au/>. *\* indicates required information*

### 1. Your details

**\*First name:** ..... **\*Title:** Mr / Ms

**\*Last name:** ..... **Date of Birth:** .....

**\*Address line 1:** .....

**Address line 2:** .....

**State:** ..... **Postcode:** .....

**Home phone:** ..... **Work phone:** .....

**Mobile number:** ..... **Fax:** .....

**Email:** .....

**Organisation:** .....

**\*Type of applicant:** Patient / Former patient  Staff Member / former staff member

Family member of patient / former patient  Legal Representative

*The questions below are optional and the information will only be used for the purposes of providing better service.*

**Place of birth:** ..... **Main language spoken:** .....

**Aboriginal or Torres Strait Islander:** Yes / No (circle one)

**Do you have special needs for assistance with this application?** .....

.....  
.....  
.....  
.....

## 2. Government information

Please describe the information you would like to access in enough detail to allow us to identify it.

\*\*If you are applying for you medical / health records, please also indicate the SLHD hospitals / facilities that you have attended as well as the dates of your attendances.

Note: If you do not give enough details about the information, SLHD may refuse to process your application.

.....  
.....  
.....  
.....  
..... (if you require more space, please attach additional pages)

Type of information you are seeking:  Personal  Other

If this request relates to the personal affairs of another person, please give their details below:

**Surname:** ..... **Title:** Mr / Ms  
**Other names:** ..... **Date of Birth:** .....  
**Postal address:** ..... **Postcode:** .....  
**Day-time telephone:** ..... **Facsimile:**.....  
**Email:** .....

**Relationship to Applicant**.....

\*\* Please note that this person must give their consent. As such, an original signed (and certified) authority by the person is required, as well as two forms of *their* certified identification.

## 3. Proof of Identity *only required when an applicant is requesting information on their own behalf*

When seeking access to personal information, an applicant must provide proof of identity in the form of **certified copies** of two of the following documents (preferably one containing a photo and one with a signature):

- Australian driver's licence with photograph, signature and current address
- Current Australian passport  An original birth certificate or certified extract of birth
- Certificate of Australian Citizenship  Other secondary documents with photo ID and/or proof of signature and current address details

\* Certified means that your proof of identify must be verified (i.e. - signed and dated) by an authorised person (i.e. Justice of the Peace, legal practitioner).

## 4. Application Fee

I attached payment of the **\$30 application fee** made out to **Sydney Local Health District** (SLHD) by: cheque / money order (circle one).

**Applicant's signature:** .....

**Date:** .....

## INFORMATION FOR APPLICANTS

- Please try to provide as much detail as you can to help us identify the documents you want.
- You will be contact within 5 working days after the application is received to notify you of the agency's decision as to the validity of your application.

**Please note:** An application is a not valid access application if it is an application for excluded information of the agency, or does not comply with the formal requirements for access applications as per section 41 of the GIPA Act.

- Identification is required for all requests for personal information.

**Please Note:** In requests for medical records, identification is required from both the patient and the applicant. In the event that the person is deceased, proof of relationship is required and the applicant must have consent of the next of kin / executor. If you are the person's legal guardian, a copy of the guardianship order / relevant documentation is required.

- Your request will be dealt with as soon as possible and in any case within twenty working days after it is registered. However, if an agency is obliged to conduct third party consultations, section 54 of the GIPA Act provides for an additional 10 working days (up to a maximum of 15 working days) in which to process the application.
- If the documents you seek is more likely to be held by another Agency, your request will be transferred and you will be notified.

## FEES AND CHARGES

Under the GIPA Act, the application fee is \$30.00 which, in a request for personal documents, covers 20 hours of processing. Processing charges for non-personal requests are \$30.00 per hour.

Processing charges (not including the application fee) *may* be reduced by 50% for people on low income, and where a public interest is demonstrated. For more information on how you can apply for this discount, please contact the Medical Records Manager where your records are held.

You may also be required to pay processing charges for this request and a statement will be given of any such charge, if appropriate.

**Please send this form and the application fee attention to:**

The SLHD facility where your records are held (i.e. the facility where you received treatment or care). The postal address for each facility is as per the attached table on page 4.

\*If you are requesting files that are held at numerous facilities across the Local Health District, please send your application to the **last** hospital / facility you attended. Please ensure you clearly indicate any other facility where your records may be held in Section 2, so those records can be requested.

General information about the GIPA Act is available by calling The Information and Privacy Commission NSW on Freecall 1800 472 679 Email: [ipcinfo@ipc.nsw.gov.au](mailto:ipcinfo@ipc.nsw.gov.au) Website: [www.ipc.nsw.gov.au](http://www.ipc.nsw.gov.au)

### Office use only

Date application received: .....File reference:.....

Amount received: ..... Receipt Number: .....



# SYDNEY LOCAL HEALTH DISTRICT FACILITIES

## Hospitals

### **Balmain Hospital**

Medical Records Department  
29 Booth St, BALMAIN NSW 2041  
Ph: (02) 9395 2145  
Fax: (02) 9395 2148

### **Canterbury Hospital**

Medical Records Department  
Canterbury Hospital  
Canterbury Rd, CAMPSIE NSW 2194  
Ph: (02) 9787 0268  
Fax: (02) 9787 0379

### **Concord Repatriation General Hospital**

Medicolegal Section, Medical Record Services  
Concord Repatriation General Hospital  
Building 63, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451  
Fax: (02) 9767 6651  
Email: [CRGH.MedicoLegalEnquiries@sswahs.nsw.gov.au](mailto:CRGH.MedicoLegalEnquiries@sswahs.nsw.gov.au)

### **Royal Prince Alfred Hospital**

Medico-legal Section, Medical Record Department  
Royal Prince Alfred Hospital  
Missenden Rd, CAMPERDOWN NSW 2050  
Ph: (02) 9515 6486  
Fax: (02) 9515 6179

### **Sydney Dental Hospital**

Medico-legal Officer  
Sydney Dental Hospital  
2 Chalmers Street, SURRY HILLS NSW 2010  
Ph: (02) 9293 3311

## Community Health Centres

### **Community Health (Camperdown, Canterbury & Concord)**

Level 9, KGV Building  
Missenden Road, CAMPERDOWN NSW 2050  
Ph: (02) 9515 9559  
Fax: (02) 9515 9540

### **Croydon Health Centre**

Medical Records Manager  
24 Liverpool Rd, CROYDON NSW 2132  
Ph: (02) 9378 1100  
Fax: (02) 9378 1111

### **Marrickville Health Centre**

Medical Records Manager  
155–157 Livingstone Rd, MARRICKVILLE NSW 2204  
Ph: (02) 9562 0500  
Fax: (02) 9562 0501

### **Redfern Health Centre**

103–105 Redfern St, REDFERN NSW 2016  
Ph: (02) 9395 0444  
Fax: (02) 9690 1978

## Drug Health Services

### **Drug Health Services – SLHD (excluding Concord)**

Medical Records  
SLHD Drug Health Services  
24 Liverpool Rd, CROYDON NSW 2132  
Ph: (02) 9378 1300  
Fax: (02) 9378 1338

### **Drug Health Services – Concord**

Medicolegal Section, Medical Record Services  
Concord Repatriation General Hospital  
Building 63, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451  
Fax: (02) 9767 6651  
Email: [CRGH.MedicoLegalEnquiries@sswahs.nsw.gov.au](mailto:CRGH.MedicoLegalEnquiries@sswahs.nsw.gov.au)

## Mental Health Services

### **Community Mental Health (Camperdown, Canterbury & Redfern)**

Medicolegal Section, Medical Record Services  
c/- Concord Repatriation General Hospital  
Building 63, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451  
Fax: (02) 9767 6651

### **Croydon Community Mental Health Centre**

Medical Records Manager  
24 Liverpool Rd, CROYDON NSW 2132  
Ph: (02) 9378 1100  
Fax: (02) 9378 1111

### **Marrickville Community Mental Health Centre**

Medical Records Manager  
155–157 Livingstone Rd, MARRICKVILLE NSW 2204  
Ph: (02) 9562 0500  
Fax: (02) 9562 0501

### **Concord Centre for Mental Health**

Medicolegal Section, Medical Record Services  
c/- Concord Repatriation General Hospital  
Building 63, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451  
Fax: (02) 9767 6651

## Family Care Centres

### **Rivendell Child Adolescent and Family Unit**

Medicolegal Section, Medical Record Services  
c/- Concord Repatriation General Hospital  
Building 63, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451  
Fax: (02) 9767 6651

### **Tresillian Family Care Centres**

Health Information Manager  
Tresillian Family Care Centres  
McKenzie St, BELMORE NSW 2192  
Ph: (02) 9787 0875  
Fax: (02) 9787 0880