



SURNAME	MRN
OTHER NAMES	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	

**APPLICATION TO ACCESS
PERSONAL HEALTH INFORMATION**

SECTION A: CLIENT/PATIENT DETAILS

Please complete

Surname (Family Name): _____ Title (Mr/s): _____
 Given name(s): _____ Date of Birth: _____
 Residential address: _____
 _____ Postcode: _____
 Telephone No.: Home: _____ Work: _____ Mobile: _____
 Client/Patient signature: _____ Date: _____

SECTION B: APPLICANT DETAILS

Please complete this section if you are applying for access to information relating to another person

Surname (Family Name): _____ Title (Mr/s): _____
 Given name(s): _____ Date of Birth: _____
 Residential address: _____
 _____ Postcode: _____
 Telephone No.: Home: _____ Work: _____ Mobile: _____
 Relationship to client/patient: _____

- 1. Is the client/patient a minor (less than 14 years of age)?** Yes No
If Yes, go to Question 2. If No, go to Question 4.
- 2. Are you the client's/patient's parent or guardian?** Yes No
If Yes, go to Question 3. If No, the parent or guardian must complete Section C and provide consent.
- 3. Is there a current custody/access order?** Yes No
If Yes, provide a copy of the order. If No, go to Section D.
- 4. Is the client/patient deceased?** Yes No
If Yes, go to Question 5. If No, go to Question 6.
- 5. Are you the executor or a administrator of the deceased estate?** Yes No
If Yes, provide a copy of the will. If No, the executor or administrator must complete Section C and provide consent. If there is no executor or administrator, Declaration for Will/Enduring Power of Attorney/Enduring Guardianship form (AMR 805.200) must be completed.
- 6. Does the client/patient lack the mental capacity to give consent?** Yes No
If Yes, go to Question 7. If No, the client/patient must complete Section C and provide consent.
- 7. Are you the client's/patient's legal guardian or do you have an enduring power of attorney?** Yes No
If Yes, provide a copy of the guardianship order and/or relevant documentation. If No, the legal guardian or the person who holds an enduring power of attorney must complete Section C and provide consent. If there is no legal guardian or a person who holds an enduring power of attorney, Declaration for Will/Enduring Power of Attorney/Enduring Guardianship form (AMR 805.200) must be completed.

Applicant signature: _____ Date: _____

SECTION C: CONSENT

Please complete if you answered 'No' to Questions 2, 5, 6 or Question 7

I, _____ authorise _____
Client/Patient/Parent/Guardian/Authorised Representative Facility/Community Health Centre
 to release a copy of clinical notes relating to the client/patient recorded above to _____
Name of Applicant

I understand that the information I authorise to be released may be classed as sensitive (according to Section 15.9 of the *NSW Health Privacy Manual for Health Information v3* and Section 17 of the *Public Health Act 1991*) and may include information related to HIV/AIDS, sexual assault, sexual health, drug & alcohol, aboriginal health, adoption, genetics and organ/tissue donor identification.

Client/Patient signature: _____ Date: _____

BINDING MARGIN - NO WRITING

FILE IN CLINICAL RECORD

REORDER: MEDICAL RECORDS DEPARTMENT JUN 17

APPLICATION TO ACCESS PERSONAL HEALTH INFORMATION

AMR805.000

SECTION D: DETAILS OF REQUEST AND FEES

Please tick the appropriate box below to indicate the information/documents you would like to request

Information requested	Fees and Conditions (Includes GST) <small>(As stipulated under the NSW Ministry of Health Policy Directive PD2006_050 Health Records and Medical/Clinical Reports-Charging Policy and Information Bulletin IB2016_047 Health Records and Medical/Clinical Reports-Rates)</small>
<input type="checkbox"/> Copy of medical records	\$33.00 up to 80 pages \$16.50 for holders of Pension/Health Care Card up to 80 pages Plus photocopying fee of \$0.44 per page in excess of 80 pages. For holders of Pension/Health Care Card, a 50% reduction of the photocopying fee applies.
<input type="checkbox"/> Clinical imaging / x-ray / photography <input type="checkbox"/> Photography – Burns / Plastics	\$16.50 per compact disc (CD). \$11.00 per film.
<input type="checkbox"/> Viewing of medical records	Free
<input type="checkbox"/> Discharge Summary	Free if less than 12 months since attendance \$33.00 if more than 12 months has lapsed since attendance \$16.50 for holders of Pension/Health Care Card.
<input type="checkbox"/> Date of Attendance letter	Free
<input type="checkbox"/> Work Cover Certificate / Medical Certificate	Free if less than one month since attendance \$33.00 if more than one month has lapsed since attendance
<input type="checkbox"/> Medical Certificate of Cause of Death	Free if less than 12 months since attendance \$33.00 if more than 12 months has lapsed since attendance
<input type="checkbox"/> Medical Report	\$341.00
<input type="checkbox"/> Confirmation of Birth letter Mothers name: _____ Mother's DOB: _____	\$33.00

My cheque/money order for \$ _____ fee is enclosed. For fee reduction please supply supporting documents (e.g. Pension/Health Care Card).

Please note: Cash payment can be made at the facility. Do not send cash through the post.

Date/s or period of attendance for which records are required: _____

Describe clearly the documents required: _____

INFORMATION FOR APPLICANTS

- Copies of two forms of identification of the client/patient and applicant (if applicable) is required, preferably photo ID and at least one with a signature.
- We aim to process your request within 21 working days of receipt in the Medicolegal Department on the condition that the required information and fees have been received.
- If information contained in the record is deemed to be sensitive, you may be asked to nominate a treating Health Professional who will review the records with you.
- Our practice is to send information via regular Australia Post. If you want to make alternative arrangements please contact the relevant facility to discuss.

For further information please contact the relevant department in attached listing of Sydney Local Health District (SLHD) facilities.

Please send this form and fees to: The relevant SLHD facility as per attached listing on Page 3

OFFICE USE ONLY

Please tick the appropriate box to indicate the identification provided.

- | | | |
|--|--|--|
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Tertiary education ID (photo) |
| <input type="checkbox"/> Current Drivers Licence (photo) | <input type="checkbox"/> Passport (photo) | <input type="checkbox"/> Pension/Health Care Card |
| <input type="checkbox"/> Other – please specify: _____ | | |

Date received: ____ / ____ / ____ Receipt No.: _____

ID obtained/sighted: Yes No Mode of delivery: Mail Pick up

BINDING MARGIN - NO WRITING
FILE IN CLINICAL RECORD

Hospitals

Balmain Hospital
Medical Records Department
Balmain Hospital
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
Email: Canterbury.MedicalRecords@sswahs.nsw.gov.au

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

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
Email: SLHD-RPAMedicalRecords@sswahs.nsw.gov.au

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

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

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

Family Care Centres

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