APPLICATION FOR ACCESS TO MEDICAL RECORDS

This form is to be used to access health information under the Privacy Amendment (Enhancing Privacy Protection) Act 2012 and Health Records and Information Privacy Act 2002.

A photocopy, fax or scan of this authorisation is considered as effective and valid as the original.

Sydney Adventist Hospital

1. PATIENT DETAILS

Surname (family name) and /or Previous Name (if applicable):		Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:
Given names:		Date of Birth: DD / MM / YYYY
Residential address:		
State:		Postcode:
Telephone number (home):	(work):	(mobile):
E-mail address:		

If you are the patient applying for a copy of your medical record, or you are giving permission for the below-mentioned to access your medical record, sign here ***(see over for identification requirements and payment):***

PATIENT SIGNATURE: Date: DD / MM / YYYY

2. IF YOU ARE APPLYING FOR ACCESS TO THE ABOVE-MENTIONED PATIENT'S MEDICAL RECORD, READ THE FOLLOWING AND COMPLETE YOUR DETAILS BELOW:

- **The patient wants you to the access their medical record:** the **patient must sign above in the patient details section** indicating they consent to you accessing or getting a copy of their medical record.
- **The patient is a child <14 years:** a parent / legal guardian must consent and one form of identification must be the birth certificate. If there are any current parenting orders, a photocopy of same is required. Where the child is 14 and over, **their signature is required above in the patient details section.**
- **The patient is deceased:** the Executor/s of the Will is/are the only person/s who can consent to release of health information. A photocopy of the page of the will nominating the Executor/s is required as well as a copy of the death certificate.
- **The patient is incapacitated / unable to give consent:** a 'responsible person' can consent on the patient's behalf in certain circumstances and photocopies of appropriate documents proving responsibility must be provided, eg. guardianship documents. If there are no such documents, a reason must be given as to why the patient cannot consent and the reason for the request. Access is not guaranteed. Contact the Medico-Legal Service for advice in regard to what constitutes a 'responsible person'.

Surname (family name):		Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:
Given names:		Date of Birth: DD / MM / YYYY
Residential address:		
State:		Postcode:
Telephone number (home):	(work):	(mobile):
E-mail address:		

You are ☐ Acting on behalf of the patient ☐ Parent/Legal Guardian ☐ Executor of Will ☐ Responsible person

If applicable (*responsible person*) – please specify why the patient can't consent and your reason for access:

YOUR SIGNATURE: Date: DD / MM / YYYY

Medico-Legal Service, Medical Records Department – **Sydney Adventist Hospital**
(also the Dalcross Adventist Hospital that closed September 2017 for admissions =>2015)
Telephone: 9480 9386, Facsimile: 9480 9385, E-mail: medicalrecords@sah.org.au
Postal address: 185 Fox Valley Road Wahroonga NSW 2076

Reviewed March 2023. Update as required.

3. DETAILS OF REQUEST

Details of document/s required:
Date/s of admission/attendance:

4. HOW DO YOU WANT TO ACCESS THE MEDICAL RECORD?

☐ I want a copy of the medical record posted (as per address overleaf or below)

☐ I want to pick up a copy of the medical record

☐ I want the copy e-mailed (***only applicable if the paper medical record can be scanned – otherwise the copy will be posted***)

☐ **I give permission for a copy of the medical record to be released to:**

Surname (family name):	Given names:
Address:	

(Where the Executor/s of the Will, Parent / Guardian or Responsible Person is giving another third party permission)

SIGNATURE: Date: DD / MM / YYYY

5. IDENTIFICATION REQUIREMENTS

Photocopies of two forms of **patient identification** are required and one **MUST** be a photo ID with signature:

☐ Current driver's licence	☐ Pensioner/Senior's Card	☐ Centrelink Card
☐ Current passport	☐ Medicare Card	☐ Credit/Debit Card
☐ Birth certificate	☐ Health Benefits Card	☐ Proof of Age Card
☐ Employment/Public Service ID	☐ Membership card (eg union)	☐ Certificate of Citizenship

NB: <u>If applying on behalf of the patient, you must also provide two forms of your identification</u>

- A Parent / Legal Guardian must provide the birth certificate for children < 14 years and custodial orders if applicable.
- The Executor/s of the Will must provide the page of the will naming the Executor and a death certificate.
- A 'responsible person' must provide appropriate documents proving their responsibility, eg enduring guardian.

6. FEES AND PAYMENT

Prepayment is required. Please attach a cheque/money order made out to Sydney Adventist Hospital. Do not send cash in the mail. Address to the Medico-Legal Service, Medical Records Department. If you wish to use direct debit (EFT), details are as follows: **Account Name:** Adventist Healthcare Limited **Account Number:** 240941264 **BSB:** 082057 **Branch:** Sydney **Bank:** NAB. Please **PROVIDE** your **REMITTANCE ADVICE** with your application if paying by this method. Costs are inclusive of GST.

- <u>Administration fee</u> for copies of the medical record, this includes up to 100 pages of photocopying: **$55.00**
- <u>Excess photocopying fee</u> for any additional pages after the first 100 pages: **50 cents per page (NB: GST calculated after pages are counted)**
- Viewing the medical record with limited amount of photocopying at the time (contact the Medico-Legal Manager to make an appointment): **NO CHARGE**

(There is a *50% discount for pensioner/concession card holders – proof is required as part of identification, ie copy of Centrelink card and the cost is $27.50)*

7. ABOUT US PROCESSING YOUR REQUEST

Please try to provide as much detail as you can to help us identify the documents that you want. Your request will be processed by the Medico-Legal Service (Medical Records Department) on the proviso that we have the required information, fee, relevant consent/authority and other documents where applicable. We endeavour to fulfil your request within 30 days. Registered post is used to send copies of the medical record (if not e-mailed).

OFFICE USE ONLY

<u>Received date:</u> DD / MM / YYYY <u>MRN:</u> <u>Completion date:</u> DD / MM / YYYY

<u>Method of payment:</u> ☐ Cheque/Money Order ☐ Cash ☐ EFT <u>Mode of access:</u> ☐ E-mail ☐ Post ☐ Pick up

<u>Details of copies:</u> <u>Registered Post Butt:</u>