

FOR MEDICAL RECORD USE ONLY

-MEDICAL RECORD COPY -

Mid North Coast Local Health District
Facility:



Health
Mid North Coast
Local Health Network

HEALTH RECORDS AND INFORMATION
PRIVACY ACT 2002 APPLICATION FORM

Date Received: ____ / ____ / ____

DETAILS OF PATIENT

MRN: _____ DOB: _____ Title: _____

Surname: _____

Given Name: _____

Previous Name (if applicable): _____

Address: _____

Post Code: _____

Telephone no. (Home): _____ (Work): _____ (Mobile): _____

DETAILS OF REQUESTOR

(If this request relates to the documents of another person please complete this section)

Surname: _____ DOB: _____ Title: _____

Given Names: _____

Address: _____

Post code: _____

Phone No. (Home): _____ (Work): _____ (Mobile): _____

DETAILS OF REQUEST

Date/s or period of attendance to the facility which you require: _____

Describe clearly the documents required: _____

FORM OF ACCESS

- I wish to view the documents (Payment NOT required). For VIEWING ONLY of documents, the Medical Record Department will arrange an appointment for you.
- I require a copy of the documents
 - To be collected from Medical Records Dept. Name of person collecting _____
 - To be posted to _____

PAYMENT

- \$33 fee is enclosed. NB: A reduced fee of \$16.50 is available on presentation of a current pension or health care card.

I understand that additional costs may be incurred if documents required exceed 80 pages.

This is to certify that the details on this form are correct to the best of my knowledge. I have read the Information for Applicants (see over) and understand that full payment and appropriate identification is required before documents are processed and released.

SIGNATURE..... DATE.....

PRINT NAME.....

HRIP ACT 2002 APPLICATION FORM

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North Coast Area Health Service

**HEALTH RECORDS AND INFORMATION
PRIVACY ACT 2002 APPLICATION FORM**



Health
Mid North Coast
Local Health Network

INFORMATION FOR APPLICANTS

Processing time and contact details:

By using this form information is requested under the Health Records and Information Privacy Act 2002. Please provide as much detail as you can to help us identify the documents you require.

NOTE: If you are requesting a medical record that pertains to another person, the **written consent** of that person will be required. In the event that the person is deceased, the applicant **MUST** have the consent of the **next of kin** and or **executor of the will**. Proof of this relationship will be required.

For further information please contact:

The Medical Record Department Manager of the facility that you are seeking information from.

Fees and charges:

Under the NSW Department of Health Policy Directive PD2006_050 and Information Bulletin IB2008_041, the charge for providing a copy of the medical record, or part thereof, to a maximum of 80 pages, is \$33 (including GST). The charges above include search fee, photocopying charges, labour costs, administrative charges and postage.

Provision of a copy of a medical record in excess of 80 pages will be charged at an additional 38 cents per page. **(Applicants will be informed if extra charges apply and the balance must be paid prior to processing and release of the documents).**

Please note: All care will be taken in despatching a copy of medical records to your nominated address but we cannot take responsibility for missing documents sent in the mail.

Applicant identification:

Applicants are required to provide 2 forms of identification before the medical record can be released. Applicants identification must consist of 1 from column A and 1 from column B. Acceptable forms of identification are as listed below:

A

- Passport
- Citizen Certificate
- Current Driver's Licence
- Public Service ID (Photo)
- Social Security Card (Photo)
- Tertiary Education ID (photo)
- Employment ID (Photo)
- Credit Card (Photo)

B

- Birth Certificate
- Social Security Card
- Employment ID (Without Photo)
- Medicare Card
- Credit/Debit Cards, Pass Books
- Utility Bills
- Membership Card
- Education Institutions, Union or Trade Card, Professional Bodies.

FOR OFFICE USE ONLY

Date Received: _____ Receipt No.: _____ Fee: _____

HRIP No: _____ ID Obtained: [] Yes [] No Consent Received: [] Yes [] No [] N/A

Viewing Date (if applicable): _____ Viewing supervised by: _____

Processed By: _____ Date Completed: _____