mater health

REQUEST TO ACCESS MATER HEALTH RECORDS

Unit Record No. _____

Surname _____

Given Names _____

DOB _____ Sex _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

F1530

Section 1 - Details of patient

Name of patient: .....

Date of birth of patient: ..... Health record URN: ..... Patient ☎: .....

Address of patient: .....

Suburb: ..... State: ..... Post code: .....

Section 2 - Details of authorised* person

This section is to be completed if the request is made by anyone other than the patient.

**An authorised person is a parent or guardian of a minor; a person appointed by Power of Attorney or Advanced Health Directive; another person authorised by law; a person authorised in writing by the patient*.

Basis of authorisation if not the patient:

☐ Parent ☐ Guardian of minor ☐ Power of Attorney ☐ Advanced Health Directive ☐ Other, specify: .....

Name of authorised person: .....

Address of authorised person: .....

Suburb: ..... State: ..... Post code: .....

Contact business ☎: ..... After hours ☎: .....

Section 3 - Details of documents

I hereby request a copy of the documents listed below:

1. Please list below the clinical information/documents required

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2. Please explain the reason(s) why the documents are required

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☐ ID provided *(if no photographic ID, please contact the Privacy Coordinator on telephone 07 3163 2666)*

☐ Certified copy of photographic ID attached

Section 4 - Acknowledgement

I understand that fees are associated with the processing and dispatching of the health records in accordance with my request and I undertake to pay such fees prior to receiving the copies of the clinical records that I have requested. I am not aware of any legal or other reason which prevents me from making this request nor any other person or department that I must consult with before I make this request. There are no court orders in existence which limit my rights to access this information.

Name: .....

Signature: ..... Date: .....

Binding margin - do not write. Do not reproduce by photocopying.
All clinical form creation and amendments must be conducted through Health Records.

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03/20
Ver. 5.00
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