Mater
Health Services Brisbane Limited

REQUEST TO ACCESS MATER HEALTH RECORDS

Unit Record No. _____

Patient Surname _____

Patient Given Names _____

Patient Date of Birth _____

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:

.....

.....

.....

.....

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

.....

.....

.....

.....

ID provided: *(if no photographic ID, please contact the Privacy Coordinator on telephone 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 Informatics.

REQUEST TO ACCESS MATER HEALTH RECORDS 3

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Ver. 3.00
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