



Exceptional People. Exceptional Care.

Patient Request to Access Clinical Records

Unit Record No. _____
Surname _____
Given Names _____
D.O.B. _____ Sex: _____
AFFIX PATIENT IDENTIFICATION LABEL HERE



Section 1 - Details of patient
(Patient / Responsible Person to complete)

Name of patient _____ Date Requested ____ / ____ / ____

_____ hereby request a copy of the documents listed at 1 below.
(Name of Patient / Authorised Person)

Basis of authorisation if not the Patient: _____

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.

Address of Patient and Address of authorised Person (if different) _____ Post code _____

Contact Phone Number(s) _____

Business hours _____

After hours _____

Date of birth of Patient _____ Health Record UR (Mater Personnel to complete) _____

1. Please list below the clinical information / documents required

Blank lines for listing clinical information / documents required

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

Blank lines for explaining reasons for document request

Provide ID

Certified copy of photographic ID, if you do not have photographic ID, please Contact Privacy Coordinator on (07) 3840 2145

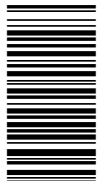
Section 2 - Acknowledgement of potential costs
(Patient/ Person Authorised to complete)

I understand that fees are associated with the processing and dispatching of the clinical records in accordance with my request and 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 (Please print) _____
Signature _____ Date _____

Binding Margin - Do Not Write
Do Not Reproduce By Photocopying
All Clinical Form Creation And Amendments Must Be Conducted Through Health Information Services.



PATIENT REQUEST TO ACCESS CLINICAL RECORDS 1