

RAMSAY HEALTH CARE

REQUEST FORM FOR ACCESS TO PATIENT RECORD

(For Patient use)

SECTION ONE – APPLICANT DETAILS

1. Name of Applicant: _____

[Please go to question four if you are applying for access to information that Ramsay Health Care holds about you]

2. What is your relationship to the subject of the requested information?

- Parent Relative (>18 years & member of subject's household)
 Spouse or De Facto Exercising enduring power of attorney
 Guardian Nominated by the subject to be contacted in an emergency.
 Child or sibling (>18 years of age) Intimate personal relationship with subject
 Other (please specify) _____

If your relationship is subject to any legal document (for example Parenting Orders, Guardianship Orders, Enduring Power of Attorney, Will etc), please provide a full certified copy of the most recent document.

3. Reason for application to access documents

4. Applicant's contact details:

a) Contact numbers: _____(home) _____(work)

b) Address: _____
_____ State _____ Postcode _____

c) Email Address _____

I acknowledge that there may be an administrative charge involved in processing my request and providing access to the requested information. I will be provided with an estimate of the administrative charge which is to be paid prior to gaining access to the requested information.

Date: _____

Signature of Applicant _____

SECTION TWO – DETAILS OF REQUEST

1. Patient name and record number [if known]: _____

2. Please outline the specific nature of information requested:

3. Do you wish to receive a copy of the information or do you wish to review the information at the hospital?:

4. If a copy of the requested information is requested, please nominate a recipient:

a) Name of recipient: _____

b) Relationship with recipient: _____

c) Address of recipient: _____

_____ State _____ Postcode _____

Email Address _____

4. Please specify the preferred method of receiving a copy of the requested information:

Secure Email ▼ (Please note that it is our usual practice to send the copy of the requested information by secure password protected email)

Ordinary Mail ▼

Collection (by the applicant)

Collection (by recipient nominated in Q4 above)

Note that if the copy of the requested information is to be collected in person by the Applicant or another person, we will require photographic identification to validate the identity of the recipient.