

Northern NSW Local Health District



Health
Northern NSW
Local Health District

HEALTH RECORDS AND INFORMATION
PRIVACY ACT 2002 APPLICATION FORM

For Medical Record Use Only
LBH CIS, V4, July 2019

Please specify which hospital/s you require records from: _____

Note that a separate charge will occur for each facility.

Details of Patient

DOB: _____ Title: _____

Surname: _____ Given Name(s): _____

Previous Name (if applicable): _____

Address: _____

_____ Post Code: _____

Telephone Number (Home): _____ Mobile: _____

Details of Requestor

DOB: _____ Title: _____

Tick if same as above

Surname: _____ Given Name(s): _____

Previous Name (if applicable): _____

Address: _____

_____ Post Code: _____

Telephone Number (Home): _____ Mobile: _____

Details of Request

Clearly describe the documents you require: _____

Date(s) or period of attendance required: _____

Please specify if you require copies of any mental health records.

Form of Access

Please select and fill out one of the below options:

To be posted to: _____

To be collected from department by: _____

Payment

\$ 33.00 fee is enclosed I am paying via bank transfer I am paying at the front reception

Under the NSW Department of Health Policy Directive PD2006_050 and Information Bulletin IB2019_036, the charge for providing a copy of the medical record, or part thereof, to a maximum of 80 pages, is \$33.00 (including GST). The charge includes search fee, photocopying charges, labour costs, administrative charges and postage. Applicants will be advised if extra charges apply and the balance must be paid prior to processing and release of the documents.

If you are requesting a discharge summary ONLY, please specify in the details of the request and do not make payment. Payment is not required for a copy of a discharge summary.

If you wish to only view your medical record (without obtaining ANY copies), please contact the Medico Legal Clerk for more information.

Applicant Identification

Applicants are required to provide two forms of identification. This identification must consist of one from Column A and one from Column B.

A	B
<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Citizen Certificate	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Current Driver's Licence	<input type="checkbox"/> Employment ID (without photo)
<input type="checkbox"/> Public Service ID (photo)	<input type="checkbox"/> Medicare Card
<input type="checkbox"/> Social Security Card (photo)	<input type="checkbox"/> Credit/Debit Card
<input type="checkbox"/> Education ID (photo)	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Employment ID (photo)	<input type="checkbox"/> Membership Card
<input type="checkbox"/> Credit Card (photo)	<input type="checkbox"/> Education, Union or Trade Card (without photo)

Information For Applicants

- 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 will be required. In the event that you are requesting the records of a minor, please contact the Medico-Legal Clerk for information.
- The general turn around period for a copy of medical records is three weeks from the completed application and payment. This time period may be extended if the request entails Community Mental Health records and/or Child and Adolescent/Adult Mental Health Inpatient Unit records.
- Mailing address: Clinical Information Service (Medical Records), Locked Mail Bag 11, LISMORE NSW 2480 or email to NNSWLHD-LIS-MedicoLegal@health.nsw.gov.au

Declaration

This is to certify that the details on this form are correct to the best of my knowledge. I have read this entire document and understand that full payment and appropriate identification is required before documents are processed and released.

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Date received: _____ Receipt No.: _____