

Application to Access Medical Information

APPLICANT (MUST BE 16 YEARS OF AGE OR OLDER)

Surname		Given Names	
Previous Name		Date of Birth	
Address			
Suburb		Postcode	
Telephone		Mobile	

I am requesting access to my own medical information and have attached a colour copy of my photo ID.

DETAILS OF PATIENT/CLIENT (If different from Applicant)

Surname		Given Names	
Previous Name		Date of Birth	
Address			
Suburb		Postcode	
Contact Number		Relationship to Applicant	

If requesting on behalf of another relative / client please attach a copy of one of the following (Please tick)

- | | |
|---------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Guardianship/ Power of Attorney Documents. | <input type="checkbox"/> Advance Care Directive. |
| <input type="checkbox"/> Written / signed authority from client/relative. | <input type="checkbox"/> Death Certificate. |

 REASON FOR THE REQUEST:

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FORM OF ACCESS (please tick)

- Full copy of Patient Record.
 Inspect / review Patient Record.
- Require access in another form (specify)

Please specify documents being requested (e.g.: Admission, discharge details for a specific date range, operation reports, pathology, and progress notes etc.)

FEES & CHARGES

Please note there are fees / costs associated with this application. By signing the form below this is in acknowledgement of accepting these fees/costs. You will be notified of the total cost before the application will be processed. All fees are payable prior to release of record.

Application Fee	\$35.00
Postage & Handling (inner Metro Adelaide)	\$10.00
Postage & Handling (country SA & Interstate)	Up to \$40.00 depending on distance and weight
Photocopying	20 cents / A4 copy and \$5.00 / ICU Charts
Priority Processing	\$60.00
Courier services is available upon request	Fees as applicable

RECORD RELEASE

Indicate the preference to how the record is to be released at completion.

- Posted (Ordinary Post)
 Couriered (Fees as applicable)
 Collected

Please note all requests will be processed in order of receipt, however records will be available within a maximum of 30 days from date of receipt of the application. In the event that you wish to collect your record in person, or someone on your behalf, identification will be required prior to release.

Signature

Date

(Please note this application will not be considered unless all relevant documents are attached. All documents are treated as confidential and non-returnable.)

Approved by: Scott Prettejohn	Approved Date: 18/07/2016
UNCONTROLLED WHEN PRINTED	Review Date: 18/07/2019