



# REQUEST TO ACCESS A PATIENT RECORD

John James Hospital Health Information Services

Phone: 02 6281 8122

Fax: 6281 8771

I \_\_\_\_\_, request access to my medical record which covers the treatment

I received for the period.....to.....

My personal details are as follows:

LAST NAME: ..... FIRST.....

MR/MRS/MS/OTHER.....DATE OF BIRTH.....

ADDRESS: .....

.....

.....

TELEPHONE: (Work)..... (Home).....

I wish to: (Please tick)

View the record

Obtain a copy of the record

View the record and have the contents explained

SIGNATURE.....DATE.....

\*Fee of \$51: plus 30c per page thereafter. (Up to 50 pages)

\*Please allow at least 1 week after account has been processed

Office use only

Approved Yes No Comments.....

Approved by:

No copies sent.....Date sent.....