



REQUEST TO ACCESS A PATIENT RECORD

Health Information Services GPO Box 1523 Hobart TAS 7000

email TAS-LVH-HIS@calvarycare.org.au ph 03 6278 5289

Section 1 DETAILS OF PATIENT

Name of Patient:		Date of Birth:	
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_____ hereby request a copy of the documents listed below.

(Name of Patient/authorised person)

Basis of authorisation if not the patient _____

Authorised person is a parent/guardian of a minor; a person appointed by Power of Attorney or Advance Health Directive; another person authorised by law; a person authorised in writing by the patient.

For Research Requests please note that only those research projects that have been approved by the Calvary Health Care Tasmania Clinical Research & Ethics Committee (CREC) will have records released.

Calvary Clinical Research & Ethics Approval Number:

Address:		Phone Number:	
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Section 2 REQUEST DETAILS

Please list the clinical information /documentation required: (e.g operation report, progress notes, pathology reports, x-ray results)	<ul style="list-style-type: none"> • • • • • •
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Please explain the reason(s) why the documents are required:	
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Section 3 Acknowledgment of Potential Costs (including GST)

I understand that fees are associated with the processing of the clinical records and agree to pay a charge of \$35.00 for nursing notes or \$110 for a full copy per volume, plus postage. Payment to be made on or prior to collection.

Signature		Date:	
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Section 4 Collection of Requested Information

Date Required:	_____ (we will endeavour to process your request ASAP however records will be available within a maximum of 30 days)	Method of Collection	<input type="checkbox"/> Ordinary Mail
			<input type="checkbox"/> Registered Mail
			<input type="checkbox"/> Collect