

REQUEST BY CONSUMER TO OBTAIN PERSONAL HEALTH INFORMATION UNDER THE ACT HEALTH RECORDS (PRIVACY AND ACCESS) ACT 1997, Section 7

This Form is to be completed by the consumer or the Consumer's parent / Guardian or agent.

PLEASE READ THIS FORM CAREFULLY AND DO NOT SIGN IF YOU DO NOT UNDERSTAND IT OR DO NOT AGREE WITH ITS TERMS

CONSUMER DETAILS		
Surname:	Given Names:	
Former/Maiden Name:	Date of Birth: / /	
Address:		Postcode:
Telephone: HOME	MOBILE	Pension No:

INFORMATION REQUIRED: Access to the health record of the above named consumer at Calvary Health Care Bruce	
Period between:	
Details of information requested:	
Information to be excluded: eg Observation Charts, Pathology, Medication Charts, etc	

TYPE OF ACCESS REQUESTED (Select one of the following)	
<input type="checkbox"/> A copy of the specified admission	<input type="checkbox"/> A copy of the entire record from / /
<input type="checkbox"/> Access to view the record with an explanation	<input type="checkbox"/> Access to view the record
THIRD PARTY REQUESTOR'S DETAILS	
Surname:	Given Names:
Name of Solicitor/Insurance Company:	
Relationship to Consumer:	Telephone:
Address:	Postcode:

GROUNDS FOR AUTHORITY	
<input type="checkbox"/>	I am the Consumer
I am authorised to access the record on the Consumer's behalf because (please tick whichever below is applicable)	
<input type="checkbox"/>	I have the written consent of the Consumer/Parent/Guardian (see below)
<input type="checkbox"/>	I am the Consumer's Next-of-kin (only applicable where the consumer is a minor or compassionate reasons)
<input type="checkbox"/>	I am the Legal Guardian, Executor of the Will or have a Power of Attorney (please attach evidence)

CONSUMER, PARENT OR GUARDIAN'S CONSENT (Parent or Guardian consent required if consumer is under 16)	
I hereby authorise Calvary Health Care ACT to release the information specified above to the requestor named on this form	
Name:	Signature:
Relationship to Consumer:	Date: / /
If Consumer is under 18, are any Guardianship/Parental Responsibility Orders currently in place	
<input type="checkbox"/> Yes (please supply copies of orders)	<input type="checkbox"/> No

OFFICE USE ONLY	DATE COLLECTED	ID photocopied	SIGNATURE
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