

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

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:

<b>INFORMATION REQUIRED:</b> Access to the health record of the above named consumer at Calvary Public Hospital 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 Parent/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 18)			
I hereby authorise Calvary Public Hospital Bruce 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