AFFIX PATIENT IDENTIFICATION LABEL HERE

SURNAME ..... MRN .....

OTHER NAMES .....

ADDRESS .....

DATE OF BIRTH ..... AMO .....

Calvary | Mater Newcastle

AUTHORITY FOR RELEASE OF INFORMATION

I hereby request the Clinical Information Department to release the following information:

Patient Details:

Surname: ..... Other Names: .....

Previous or Alias Names: ..... Date of Birth: ..... / ..... / .....

Current Address: .....

..... Postcode: ……..

Telephone Contact: Home ..... Work ..... Mobile .....

Please Send To:

Name of Doctor/Recipient: .....

Postal Address: .....

.... Postcode: .....

Telephone Number: ..... Fax Number: .....

Relationship to Patient: ……

Reason For Request: .....

Information Requested:

Treatment Date(s) : .....

Information Requested (please specify): .....

.....

Signature of Requestor: ..... Date .....

Print Name: ..... Telephone Number: .....

If not patient, relationship to patient: .....

This authority remains valid for 12 months from the above date

Office Use Only: DETAILS ARE TO BE ENTERED INTO THE ROI D/B INITIALLY & UPDATED AS ACTIONS OCCUR

No Authority Required :

☐ Current GP Listed in Medical Record / iPM / Front Sheet

☐ HNE Health treating health professional / Referring M.O.

☐ Admitting Medical Officer ☐ Personal Responsible

Fee Details:

☐ No Fee Required

☐ Fee Applies: Amount $…… Date Requested: ….. /…. / …..

☐ Fee Received: Amount $..... Date Received: ….. /…. / …..

Authority Required :

☐ Patient requires information to be sent to non-treating health professional / GP **not** listed as 'current'

☐ Private Hospital or health professional

☐ Next of Kin ☐ Carer

☐ Other Health Professional

☐ Other Specify: ……

☐ *Authority Received / Checked*

Date: ……/…….. /…… Signed: ……

Information sent as requested: ☐ Yes ☐ No Method of Delivery: ……

If no, reason: …… ☐ Entered ROI Database

Request processed by: …… …… …… / …… / ……

Printed Name Signature

Issued: Aug 98; Revised: Mar 99; Nov 02; Jun 05; Dec 05, Jul 07, Jul 11, Mar 16

Original request is to be filed in the patient's Hospital medical record