



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility: BBH CMH CHS GBN
 MDH QBN SERH YDH

APPLICATION FOR ACCESS TO HEALTH INFORMATION

This form is used to access information under the Health Records and Information Privacy Act 2002 (HRIPA). Requests to access information under the Government Information (Public Access) Act 2009 need to be referred to the Right to Information Officer.

Section A: Applicant details (patient)

Family name: _____

Given names: _____

Previous name (if applicable): _____ Date of birth: ____ / ____ / ____

Residential address: _____

State: _____ Postcode: _____

Telephone number (home): _____ (work): _____ (mobile): _____

If applying for your own record:
Signature _____ Date: ____ / ____ / ____

Section B: Applicant details (if other than patient)

Please complete this section if you are applying for access to information relating to another person

Family name: _____

Given names: _____ Date of birth: ____ / ____ / ____

Residential address: _____

State: _____ Postcode: _____

Telephone number (home): _____ (work): _____ (mobile): _____

Relationship of applicant to the patient: _____

Please review the information on pages three (3) and four (4) of the form to determine the supporting documentation required for your application.

Section C: Consent to release of information to applicant

If you are requesting documents relating to another person, on their behalf, they must sign the consent statement below:

I understand that my health record may contain information relating to my medical history and any other conditions not directly related to the purpose for which the information is requested. These medical records may contain information such as HIV / AIDS (testing, status and result), sexual assault, drug & alcohol, Aboriginal health, adoption, genetics and organ/ tissue donor identification or any other information which I may define or interpret as sensitive.

I understand that such information may be released unless I specifically state otherwise. Please tick the appropriate box below:

I **do not** object to sensitive information being released to the above applicant.

I **object** to the following sensitive information being released to the above applicant _____
(please specify)

I _____ authorise Southern NSW Local Health District to release a copy of medical records as specified on page 2 of this form to _____
(name of nominated third party)

excluding any information that I have objected to releasing above.

Signature _____ Date: ____ / ____ / ____



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Section D: Details of request

Please indicate the facility from which records are required. A separate application must be made for each facility.

- Batemans Bay Braidwood Bombala Cooma Crookwell
 Delegate Goulburn Moruya Queanbeyan SERH
 Community Health Centre/other service (specify) _____

Are you requesting sensitive information from:

- Sexual Health Alcohol and other drug Mental Health

Date(s) or period of attendance for which records are required and/or relevant details of the information required:

Section E: Method of access

- I wish to view the documents
 I require a copy of the documents

Section F: Fees, lodgment and processing

Under Ministry of Health Policy, the application fee for copies of documents is as follows:

Application fee: \$33.00 (incl. GST) for the first 80 pages, \$0.41 (incl. GST) for any additional pages

Please note: Viewing of the file can be arranged, with a minimum of three weeks notice. Please note that a maximum of one hour can be facilitated for viewing.

Pensioner/concession card holders are entitled to a 50% discount on the application fee (proof required)

Payment options:

- Cash paid to cashier
- Cheque made out to the Southern NSW Local Health District
- Credit or debit card, by phone to the relevant Health Information Services department
- By money order

We require a valid application to process your request. A valid application requires identification, consent, fees and other supporting documentation if applicable (refer to pages 3 and 4). We aim to process your request within 28 working days. Do not include payment with this form. We will advise you of the cost separately. Unless stated otherwise, records will be delivered by Registered mail or secure email. If your request is for medical records containing Mental Health or sensitive health information, such as information pertaining to counselling records, a clinician may need to review the information prior to its release. This can extend the processing period. You will be informed if this applies to the information you have requested.

For further information please contact Health Information Services:

<p>Queanbeyan Health Service HID Cnr Collett and Erin Streets NSW 2620 SNSWLHD-QueanbeyanHID@health.nsw.gov.au Ph: 02 6150 7266 Fax: 02 6150 7267</p>	<p>Goulburn Health Service HID 130 Goldsmith Street, Goulburn NSW 2580 SNSWLHD-Goulburn-HID@health.nsw.gov.au Ph: 02 4825 4616 Fax: 02 4825 4619</p>	<p>South East Regional Hospital HID 4 Virginia Drive, Bega NSW 2550 SNSWLHD-SERH-HID@health.nsw.gov.au Ph: 02 6491 9173 Fax: 02 6491 9692</p>
<p>Cooma Health Service HID 2A Bent Street, Cooma NSW 2630 SNSWLHD-Cooma-HID@health.nsw.gov.au Ph: 02 6455 3227 Fax: 02 6455 3396</p>	<p>Batemans Bay Hospital HID 7 Pacific Street, Batemans Bay NSW 2536 SNSWLHD-Eurobodalla-HID@health.nsw.gov.au Ph: 02 4475 1644 Fax: 02 4475 1525</p>	<p>Moruya District Hospital HID 2 - 10 River Street, Moruya NSW 2537 SNSWLHD-Eurobodalla-HID@health.nsw.gov.au Ph: 02 4474 1593 Fax: 02 4474 1586</p>
<p>Yass District Hospital 145 Meehan Street, Yass NSW 2582 SNSWLHD-Yass-Admin@health.nsw.gov.au Ph: 02 6220 2000 Fax: 02 6226 2944</p>	<p>Crookwell District Hospital 15 Kialla Road, Crookwell, NSW 2583 SNSWLHD-Crookwell-Adminhealth@health.nsw.gov.au Ph: 02 4837 5000 Fax: 02 4837 5073</p>	<p>Multi-purpose health services - Braidwood, Bombala and Delegate send to SNSWLHD-Cooma-HID@health.nsw.gov.au</p>

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Section G: Information for applicants

To obtain a copy of your own medical record:

- Complete this form
- Provide your current Australian passport or current Australian driver's licence, or provide two proofs of identification containing a photograph, signature, and current address details
 - If you are applying by post, copies of identification must be certified by a Justice of the Peace or solicitor
 - If you are applying by email, copies of your identification must be certified by a Justice of the Peace or solicitor and must be an attachment to the email
 - If you are applying in person, originals of your identification must be sighted and photocopied when you submit your application
- Make payment per instructions in Section F on page 2

If you are applying on behalf of another person, you need to:

- Complete this form
- Provide your current Australian passport or current Australian driver's licence, or provide two proofs of identification containing a photograph, signature, and current address details
- Provide the patient's current Australian passport or current Australian driver's licence, or provide two proofs of their identification containing a photograph, signature, and current address details
- Make payment per instructions in Section F on page 2

For other documentation that may be required, please read the instructions for the following scenarios:**If the patient is an adult without capacity to consent:**

- Is there a Enduring Guardianship Order/ Enduring Power of Attorney in place? Yes No
- If yes, a copy of the Enduring Guardianship Order/ Enduring Power of Attorney must be provided.

If the patient is deceased:

- Is there a Will? Yes No
- If yes, the Will must be provided, along with a Statutory Declaration which certifies that it is the last Will.
 - If no, Letters of Administration may be provided.

If there is no will and you do not have Letters of Administration, our office will contact you regarding your specific circumstances.

- Are you the administrator/executor of the estate? Yes No

- If no, the administrator/executor must provide signed authorisation for medical records to be released to you.
- If the administrator/executor is not willing to consent, please contact Health Information Services. (Refer to the table in Section F on page 2 for contact details.)

If the patient is a child:

- Is there a parenting or custody order? Yes No

- If yes, a copy of the parenting or custody order must be provided, along with a Statutory Declaration that it is a current, valid parenting or custody order.
- If no, provide a Statutory Declaration that there is no custody or access order.

- Are you the patient's parent? Yes No

- If yes, a copy of the patient's birth certificate identifying yourself as the patient's parent must be provided.
- If no, parental consent must be provided.

If the patient is between the ages of 14 and 16, it is preferable for both the parent and the young person to consent to release of information. Consent can be documented on page 1 of this form.



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LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Section H: Identification provided

Please tick the appropriate box for documentation provided.

- | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Australian Driver's licence | <input type="checkbox"/> Medicare card |
| <input type="checkbox"/> Certificate of citizenship | <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Credit/debit cards |
| <input type="checkbox"/> International Drivers' licence | <input type="checkbox"/> Pension/Centrelink card | <input type="checkbox"/> Employment ID |
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Membership card (Union or trade, professional bodies, education institution) | |

Other (specify) _____

Office use only

AUID _____ Date received: ____ / ____ / ____ Completion date: ____ / ____ / ____

Receipt no _____ Processed by _____

Mode of delivery: Mail Pick up Email

ID obtained: Yes No

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