Justice Health and Forensic Mental Health Network

APPLICATION FOR ACCESS TO HEALTH RECORDS

SURNAME	MRN
GIVEN NAMES	
D.O.B. _____ / _____ / _____	☐ MALE ☐ FEMALE
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

This form is to be used by patients or by the patient's authorised representative (example: family member) to apply for access to their own health record. This form is not to be used by Legal Representatives.

PATIENT DETAILS

Surname/Family Name*: _____ Title (Mr/s)*:_____

Given Names*: _____ Date of Birth*: ____/___/___

Previous Names Alias:_____

MIN/CIMS/MRN Number*: _____ Postcode:_____

Residential Address:_____ Postcode:_____

Postal Address:_____

Telephone: _____ Email: _____

Patient Signature:_____ Date: ____/___/____

DETAILS OF THIRD PARTY APPLICANT (IF PATIENT IS NOT THE APPLICANT) (see overleaf for third party conditions and adolescent conditions)

Surname/Family Name*: _____ Title (Mr/s)*: _____

Given Names*: _____ Date of Birth: ____/___/___

Residential Address: _____ Postcode:_____

Postal Address*:_____ Postcode*:_____

Telephone: _____ Email*:_____

Relationship to Applicant*:_____

CONSENT TO THIRD PARTY:

I, _____ authorise Justice Health and Forensic Mental Health Network to release a copy of my health record to _____.

Patient whose record is requested

Third Party Applicant

Signature of Third Party: _____ **Date:** ____/____/____

INFORMATION REQUESTED (Please provide as much detail as you can to help us identify the documents you require):

_____

_____

_____

_____

_____

_____

Date(s) or period of attendance for which records are required: ___/____/___ - ____/____/___

PLEASE COMPLETE DETAILS ON THE BACK OF THIS FORM

16/09/2020

Form must be scanned into JHeHS under Title: 4. Medicolegal Correspondence Category 4. Legal Correspondence

APPLICATION FOR ACCESS TO HEALTH RECORDS JUS 020.005

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FORM OF ACCESS

☐ I wish to view the documents (search fees apply) ☐ I require a copy of the documents (fees apply)

IDENTIFICATION

Please tick one of the following:

☐ I am currently in custody and would like to apply for my own records. I do not need to provide any form of identification

☐ I am not currently in custody and would like to apply for my own records. I have provided a certified* copy of two forms of identification, preferably with photo and/or signature with this application, e.g.: driver's Licence, passport, pension/social security card etc

☐ I am applying for access on behalf of the patient/client. I have provided certified* copies of two forms of identification for myself and two forms of identification for the patient. I have also provided verification/proof of my relations with the patient, e.g.: marriage certificate, birth certificate, guardianship order, parenting order etc

FEES AND CHARGES

I have enclosed the relevant fee:

☐ $33.00 Cheque/money order made payable to Justice Health and Forensic Mental Health Network

☐ $16.50 For holders of pension/health care cards (a certified** copy of relevant card must be enclosed)

Charges may be reduced by 50% for people on low incomes, for some non-profit organisations or where public interest is demonstrated. Supporting documentation is required.

Note: Requests in excess of 80 pages incur an additional photocopying charge of $0.40 per page. The Medico-Legal Manager/Officer will notify the applicant of the total outstanding photocopying fee. This fee is payable prior to release of documents.

CONDITIONS

If you are requesting documents relating to the personal affairs of another person on their behalf, they must give consent.
Note: ID is required from both the Patient (Current/former) & the applicant. In the event that the person is deceased, the applicant must have consent of the next of kin/executor. If you are the persons legal guardian a certified* copy of the guardianship order/relevant documentation is required.

If the patient/client is **16 years or over**, the patient/client's own consent is sufficient. If the patient/client is aged **between 14 to 16 years** old they can provide consent provided they adequately understand and appreciate the nature and consequences of the consent. Wherever possible the practitioner should also obtain the consent of the parent or guardian unless the patient objects. If the patient/client is **under 14 years old**, consent of the parent or legal guardian must be obtained.

COMPLETED APPLICATIONS WITH ATTACHMENTS SHOULD BE SENT TO:

Via Post:
Medico-Legal - Health Information and Record Service
Justice Health and Forensic Mental Health Network
PO Box 150
Matraville NSW 2036

Via Email:
JHFMHN-MedicoLegal@health.nsw.gov.au

Via Fax:
(02) 9289 5014

For enquiries please contact our office on (02) 9289 5168

* Mandatory details

** A certified copy requires the signature and authorisation by a Justice of the Peace (JP) or solicitor to certify that it is a true copy of the original document.