



SURNAME	MRN
OTHER NAMES	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	

**APPLICATION TO ACCESS
PERSONAL HEALTH INFORMATION**

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SECTION A: CLIENT/PATIENT DETAILS *Please complete in BLOCK LETTERS*

Surname (Family Name): _____ Title (Mr/s/Ms/Mx): _____
 Given name(s): _____ Date of Birth: _____
 Residential address: _____
 _____ Postcode: _____
 Contact Phone No.: Home: _____ Work: _____ Mobile: _____
 Email: _____
 Client/Patient signature: _____ Date: _____

SECTION B: APPLICANT DETAILS *Please complete this section if you are applying for access to information relating to another person*

Surname (Family Name): _____ Title (Mr/s/Ms/Mx): _____
 Given name(s): _____ Date of Birth: _____
 Residential address: _____
 _____ Postcode: _____
 Contact Phone No.: Home: _____ Work: _____ Mobile: _____
 Relationship to client/patient: _____

1. Is the client/patient a minor (less than 14 years of age)? Yes No
If Yes, go to Question 2. If No, go to Question 4.
2. Are you the client's/patient's parent or guardian? Yes No
If Yes, go to Question 3. If No, the parent or guardian must complete Section C and provide consent.
3. Is there a current custody/access order? Yes No
If Yes, provide a copy of the order. If No, go to Section D.
4. Is the client/patient deceased? Yes No
If Yes, go to Question 5. If No, go to Question 6.
5. Are you the executor or a administrator of the deceased estate? Yes No
If Yes, provide a copy of the will. If No, the executor or administrator must complete Section C and provide consent. If there is no executor or administrator, Declaration for Will/Enduring Power of Attorney/Enduring Guardianship form (AMR 805.200) must be completed.
6. Does the client/patient lack the mental capacity to give consent? Yes No
If Yes, go to Question 7. If No, the client/patient must complete Section C and provide consent.
7. Are you the client's/patient's legal guardian or do you have an enduring power of attorney? Yes No
If Yes, provide a copy of the guardianship order and/or relevant documentation. If No, the legal guardian or the person who holds an enduring power of attorney must complete Section C and provide consent. If there is no legal guardian or a person who holds an enduring power of attorney, Declaration for Will/Enduring Power of Attorney/Enduring Guardianship form (AMR 805.200) must be completed.

Applicant signature: _____ Date: _____

SECTION C: CONSENT *Please complete if you answered 'No' to Questions 2, 5, 6 or Question 7*

I, _____ authorise _____
Client/Patient/Parent/Guardian/Authorised Representative Facility/Community Health Centre
 to release a copy of clinical notes relating to the client/patient recorded above to _____
Name of Applicant

I understand that the information I authorise to be released may be classed as sensitive (according to Section 15.9 of the NSW Health Privacy Manual for Health Information 2015) and may include information related to HIV/AIDS, sexual assault, sexual health, drug & alcohol, aboriginal health, adoption, genetics and organ/tissue donor identification.

Client/Patient signature: _____ Date: _____

BINDING MARGIN - NO WRITING
FILE IN CLINICAL RECORD

REORDER: MEDICAL RECORDS DEPARTMENT SEP 19

APPLICATION TO ACCESS PERSONAL HEALTH INFORMATION

AMR805.000

SECTION D: DETAILS OF REQUEST AND FEES

Please tick the appropriate box below to indicate the information/documents you would like to request

Information requested	Fees and Conditions <small>(As stipulated under the NSW Ministry of Health Policy Directive PD2006_050 Health Records and Medical/Clinical Reports-Charging Policy and Information Bulletin IB2019_036 Health Records and Medical/Clinical Reports-Rates)</small>
<input type="checkbox"/> Copy of medical records	\$33.00 up to 80 pages (GST inclusive) Records in excess of 80 pages, incur photocopying fee of \$0.41 + GST per page For holders of Pension/Health Care Card, a 50% reduction of the fees apply.
<input type="checkbox"/> Clinical imaging / x-ray / photography <input type="checkbox"/> Photography – Burns / Plastics	\$16.50 per compact disc (CD) (GST inclusive). \$11.00 per film (large) (GST inclusive). \$6.50 per film (small) (GST inclusive).
<input type="checkbox"/> Viewing of medical records	Free
<input type="checkbox"/> Discharge Summary	Free if less than 12 months since attendance \$33.00 (GST inclusive) if more than 12 months has lapsed since attendance For holders of Pension/Health Care Card, a 50% reduction of the fee applies.
<input type="checkbox"/> Date of Attendance letter	Free
<input type="checkbox"/> Work Cover Certificate / Medical Certificate	Free if less than one month since attendance \$33.00 (GST inclusive) if more than one month has lapsed since attendance
<input type="checkbox"/> Medical Certificate of Cause of Death	Free if less than 12 months since attendance \$33.00 (GST inclusive) if more than 12 months has lapsed since attendance
<input type="checkbox"/> Confirmation of Birth letter Mothers name: _____ Mother's DOB: _____	\$33.00 (GST inclusive)

Date/s or period of attendance for which records are required: _____

Describe clearly the documents required: _____

INFORMATION FOR APPLICANTS

- Two forms of identification of the client/patient and applicant (if applicable) is required, preferably photo ID and at least one with a signature. If you are not applying in person, you will need to provide a certified copy of the IDs.
- For **fee reduction**, supporting documents (e.g. Pension/Health Care Card) must be supplied.
- For **payment options**, please contact the relevant department.
- Cheques/money orders should be made payable to **Sydney Local Health District**.
- We *aim* to process your request within 21 working days of receipt of the application on the condition that the required information and fees have been received.
- If your records contain mental health information they may be subject to further review by a mental health professional. This may require additional processing time.
- If information contained in the record is deemed to be sensitive, you may be asked to nominate a treating Health Professional who will review the records with you.
- Our practice is to send information via regular Australia Post. If you want to make alternative arrangements please contact the relevant facility to discuss.

For further information please contact the relevant department in attached listing of SLHD facilities.

Please send this form and other related documents to: The relevant SLHD facility as per attached listing on Page 3.

OFFICE USE ONLY

Please tick the appropriate box to indicate the identification provided.

- | | | |
|--|--|--|
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Tertiary education ID (photo) |
| <input type="checkbox"/> Current Drivers Licence (photo) | <input type="checkbox"/> Passport (photo) | <input type="checkbox"/> Pension/Health Care Card |
| <input type="checkbox"/> Other – please specify: _____ | | |

Date received: ____/____/____ Receipt No.: _____

ID obtained/sighted: Yes No Mode of delivery: Mail Pick up

BINDING MARGIN - NO WRITING
FILE IN CLINICAL RECORD

Hospitals

Balmain Hospital
Medical Records Department
Balmain Hospital
29 Booth St, BALMAIN NSW 2041
Ph: (02) 9395 2145
Fax: (02) 9395 2148

Canterbury Hospital
Medical Records Department
Canterbury Hospital
Canterbury Rd, CAMPSIE NSW 2194
Ph: (02) 9787 0268
Fax: (02) 9787 0379
Email: SLHD-CanterburyMedicalRecords@health.nsw.gov.au

Concord Repatriation General Hospital
ROI Section, Health Information and Record Services
Concord Repatriation General Hospital
Building 86, Hospital Rd, CONCORD NSW 2139
Ph: (02) 9767 5451
Fax: (02) 9767 6651
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

Royal Prince Alfred Hospital
Medico-legal Section, Medical Record Department
Royal Prince Alfred Hospital
Missenden Rd, CAMPERDOWN NSW 2050
Ph: (02) 9515 6486
Fax: (02) 9515 6179
Email: SLHD-RPAMedicalRecords@health.nsw.gov.au

Sydney Dental Hospital
Medico-legal Officer
Sydney Dental Hospital
2 Chalmers Street, SURRY HILLS NSW 2010
Ph: (02) 9293 3311

Community Health Centres

Community Health (Camperdown, Canterbury & Concord)
Level 9, KGV Building
Missenden Road, CAMPERDOWN NSW 2050
Ph: (02) 9515 9559
Fax: (02) 9515 9540

Croydon Health Centre
Health Information & Medical Records Manager
24 Liverpool Rd, CROYDON NSW 2132
Ph: (02) 9378 1100
Fax: (02) 9378 1111
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

Marrickville Health Centre
Health Information & Medical Records Manager
155–157 Livingstone Rd, MARRICKVILLE NSW 2204
Ph: (02) 9562 0500
Fax: (02) 9562 0501
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

Redfern Health Centre
Health Information & Medical Records Manager
103–105 Redfern St, REDFERN NSW 2016
Ph: (02) 9395 0444
Fax: (02) 9690 1978
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

Drug Health Services

Drug Health Services – SLHD (excluding Concord)
Medical Records
SLHD Drug Health Services
24 Liverpool Rd, CROYDON NSW 2132
Ph: (02) 9378 1300
Fax: (02) 9378 1338

Drug Health Services – Concord
ROI Section, Health Information and Record Services
c/- Concord Repatriation General Hospital
Building 86, Hospital Rd, CONCORD NSW 2139
Ph: (02) 9767 5451
Fax: (02) 9767 6651
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

Mental Health Services

Community Mental Health (Camperdown, Canterbury & Redfern)
ROI Section, Health Information and Record Services
c/- Concord Repatriation General Hospital
Building 86, Hospital Rd, CONCORD NSW 2139
Ph: (02) 9767 5451
Fax: (02) 9767 6651
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

Croydon Community Mental Health Centre
Health Information & Medical Records Manager
24 Liverpool Rd, CROYDON NSW 2132
Ph: (02) 9378 1100
Fax: (02) 9378 1111
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

Marrickville Community Mental Health Centre
Health Information & Medical Records Manager
155–157 Livingstone Rd, MARRICKVILLE NSW 2204
Ph: (02) 9562 0500
Fax: (02) 9562 0501
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

Concord Centre for Mental Health
ROI Section, Health Information and Record Services
c/- Concord Repatriation General Hospital
Building 86, Hospital Rd, CONCORD NSW 2139
Ph: (02) 9767 5451
Fax: (02) 9767 6651
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

Rivendell Child Adolescent and Family Unit
ROI Section, Health Information and Record Services
c/- Concord Repatriation General Hospital
Building 86, Hospital Rd, CONCORD NSW 2139
Ph: (02) 9767 5451
Fax: (02) 9767 6651
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

Tresillian Family Care Centre

Health Information Manager
Tresillian Family Care Centres
McKenzie St, BELMORE NSW 2192
Ph: (02) 9123 8800