REQUEST TO ACCESS A PATIENT RECORD

PLEASE RETURN COMPLETED FORM TO:

Health Information Manager ***Or Fax: 03 9318 3590***
Western Private Hospital
PO Box 4258
West Footscray VIC 3012

Western Private Hospital

DATE OF REQUEST

DETAILS OF PATIENT

Name of Patient		Date of Birth	Date Deceased (if applicable)
Address			Postcode
Phone Numbers	Business Hours	After Hours	Mobile

DETAILS OF PERSON MAKING REQUEST (if different from patient)

If the patient is incapable of giving or communicating consent, health information may be provided to a responsible person as defined by the Health Records Act 2001

Name		Relationship to Patient ***Requests for access to deceased patients information must be authorised by the Executor of the Will***	
Address			Postcode
Phone Numbers	Business Hours	After Hours	Mobile

Please specify reason why patient is incapable of giving / communicating consent

INFORMATION REQUESTED (if insufficient space, please attach additional pages)

Specific nature of information requested: ……...

……

Reason for request:……

……

AUTHORISATION

Name (Please print) ……

Signature …… Date ……/……/……

Please provide photocopied proof of authorisation to access patient information prior to this request being processed e.g. photographic ID such as Driver's License, or Enduring Power of Attorney, Executrix.

ACKNOWLEDGEMENT OF POTENTIAL COSTS

I acknowledge that in the event that I require an explanation of the record, or copies to be made, there will be a cost involved and that payment would be required prior to collection. I will be notified of the amount in due course.

Name (please print) ……

Signature …… Date ……/……/……

SENDING OF INFORMATION

Requested information to be:

θ **COLLECTED** by: θ Patient/Applicant θ Other (please specify) ……..…

Please note: In the event that the record is collected in person, photographic identification will be required prior to release.

θ **POSTED** to: θ Patient/Applicant θ Other (please specify) ……..…

Please note: Information will be sent registered mail.

Name and address of person to whom information is to be sent:

……..

Signature on Collection: …… Date ……/……/……