

REQUEST FOR ACCESS TO MEDICAL RECORDS - PATIENT REQUEST FORM

Information for Patients - This practice provides patient access to medical records in accordance with the Privacy Act and Australian Privacy Principle (APP) 12 which deals with access to personal information.

- Generally, the health service provider who creates a medical record owns that record.
- You have a right to gain access to all the information held about you. You may exercise this right in a number of ways (depending on, for example, the sort of information you have asked for, the type of organisation and the way the organisation holds its records):
For example: Looking over the records, taking a copy of those records with you, having them explained to you.
- *Due to the complex nature of most medical records, Albury Surgical Group Practitioners would prefer to explain the content of your records to you.*
- There are some limitations on your right of access. These may apply, for example, to:
 - information held before 21 December 2001
 - where giving access would pose a serious threat to the life and health of anyone
 - where refusing access is required by law.
- Albury Surgical Group Practitioners may not include original documentation from other health providers (e.g. specialists) outside the practice. The patient should contact each practice separately.
- Your request must be in writing (see below) and you must provide proof of identity prior to the request being authorised. Charges may be incurred with this request. The request will be handled within 45 days of the letter of request being received and/or within 7 days of payment being received.

A written request is required to access your medical record.

I, _____ (name)

Of _____ (address)

_____ (state) _____ (postcode)

DOB: ____/____/____ request access to my medical records held by Albury Surgical Group.

Practitioner: _____

Reason for Request: _____

I wish to receive my medical record by: *(please tick one)*

☐ Collect in person from Albury Surgical Group ☐ Registered post *(note this will incur an additional \$10 fee)*

☐ Email to _____

I authorise Albury Surgical Group to email me my records, even though this is not Albury Surgical Group's preferred method of delivery as emails are not encrypted or may not be secure.

Patient Signature: _____

Date: ____/____/____

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OFFICE USE ONLY

Photo identification: ☐ Driver's License ☐ Passport ☐ Other _____

Other identifiers: ☐ Name ☐ Address ☐ Date of Birth ☐ Other _____

Reviewed by Practitioner: ____/____/____

Information provided: ____/____/____ by

IF APPLICABLE - Sent by: _____ Date sent: ____/____/____

Entered into Patient Record by: _____ Date: ____/____/____

Fee (If applicable): _____