

RAMSAY HEALTH CARE
REQUEST FORM FOR ACCESS TO PATIENT RECORD

SECTION ONE – APPLICANT DETAILS

1. Name of Applicant: _____

[Please go to question four if you are applying for access to information that Ramsay Health Care holds about you]

2. What is your relationship to the subject of the requested information?

- | | |
|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Relative (>18 years & member of subject's household) |
| <input type="checkbox"/> Spouse or De Facto | <input type="checkbox"/> Exercising enduring power of attorney |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Nominated by the subject to be contacted in an emergency. |
| <input type="checkbox"/> Child or sibling (>18 years of age) | <input type="checkbox"/> Intimate personal relationship with subject |

3. Reason for application to access documents

4. Applicant's contact details:

a) Contact numbers: _____(home) _____(work)

b) Address: _____

_____ State _____ Postcode _____

I acknowledge that there may be an administrative charge involved in processing my request and providing access to the requested information. I will be provided with an estimate of the administrative charge which is to be paid prior to gaining access to the requested information.

Date: _____

Signature of applicant

SECTION TWO – DETAILS OF REQUEST

1. Patient name and record number [if known]: _____

2. Please outline the specific nature of information requested:

3. Do you wish to receive a copy of the information or do you wish to review the information at the hospital?:

4. If a copy of the requested information is requested, please nominate a recipient:

a) Name of recipient: _____

b) Relationship with recipient: _____

c) Address of recipient: _____

_____ State _____ Postcode _____

4. Please specify the preferred method of receiving a copy of the requested information:

Mail ▼

Collection° (by the applicant)

Collection° (by recipient nominated in Q4 above)

°Please note that if the copy of the requested information is to be collected in person, we will require photographic identification to validate the identity of the recipient.

▼ Please note that it is our usual practice is to send the copy of the requested information by ordinary mail.