



Request to Release Health Records Form

This form can be used to authorise the release of health records either to the client or their nominated third party – including external providers/services (e.g. GP practices).

A formal written request from the applicant which includes client consent (where applicable) can be used in place of this form. A copy of this form or request letter should be stored in the client’s electronic health record and notification provided to our privacy officer. For any enquires contact privacy@accesshc.org.au

Section 1 – Client Details

Name: _____ Date Requested: _____
 Date of Birth: _____ UR Number (if known): _____
 Address: _____

Section 2 – Applicant Details

Name of applicant: _____

If the applicant is not the client, and the client is 16 years or over, consent must be provided by the client (see below)

Relationship to client (e.g. Guardian, Parent, Power of Attorney): _____

Postal address: _____

Telephone number: _____ Email: _____

Fax: _____ Form of ID: _____

Section 3 – Request Details

Reason for request: Transfer of health records Court/legal proceedings Other: _____

Do you want access to all or part of the health records? All Part

If partial access is required, describe clearly the documents you require: _____

Who should it be sent to? Applicant Doctor/GP Lawyer Other: _____

Address: _____

Email: _____ Fax: _____

I _____ (client name) consent for my record to be viewed/released as per the above request. I agree to pay Access Health and Community any charges relating to retrieving or sending my health records as requested

Client signature: _____ Date: _____

Version	Review date	Topic	Review body	Authorisation	Effective Date
1	Jan 2017	Knowledge Management	CG Committee	GM Services	Jan 2017