John Flynn Private Hospital
Part of Ramsay Health Care

Request to ACCESS a Health Record

SECTION 1: DETAILS OF A PATIENT

Name of Patient:	Patients Date of Birth:	Date Requested:

SECTION 2: DETAILS OF REQUESTOR

Name of Requestor: .....

Address: .....

Postcode: ..... Phone Number ..... Requestor's Date of Birth: / /

Please indicate your relationship to the patient: (Please tick)

❑ Patient ❑ Parent ❑ Guardian ❑ **Child or sibling > 18 years**

❑ Spouse ❑ Relative > 18 years with member of patient's household

❑ Exercising enduring power of attorney ❑ Person nominated by patient to be contacted in case of emergency

❑ Other *(specify)* .....

Please attach a signed copy of photographic identification to verify your identity

SECTION 3: DETAILS OF INFORMATION REQUESTED

Please specify <u>exactly</u> what information you require:

.....

.....

.....

.....

Please provide reasons why you require the information (not required if you are requesting your own information):

.....

.....

.....

.....

SECTION 3: DETAILS OF INFORMATION REQUESTED cont…

I wish a copy of the requested information to be provided to: *(please tick)*

❑ Medical Practitioner ❑ Solicitor ❑ Patient/ Requestor ❑ Health Fund

❑ Other *(specify)*.....

Via ❑ Ordinary mail ❑ Other *(specify)* .....

Delivery Name and Address:

Name: .....

Address: .....

.....

Postcode: .....

*** If you wish to collect the requested information in person, identification will be required ***

SECTION 4: ACKNOWLEDGEMENT OF POTENTIAL COSTS

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 charges which is to be paid prior to gaining access to the requested information.

Signature: .....

Name:..... Date: / /

Please print

SECTION 5: DECLARATION

I certify that the above information is true and accurate to the best of my knowledge.

Signature: .....

Name:..... Date: / /

Completed forms may be posted, emailed or faxed to Privacy Officer – Health Information Services

Postal Address: **John Flynn Private Hospital**

42 Inland Drive

Tugun QLD 4224

Email: **HISClerical.jfp@ramsayhealth.com.au**

Fax: **Attn: Privacy Officer 07 5598 9035**

All requests will be given priority and will generally be finalised within 30 days