



SECTION 1: DETAILS OF PATIENT (Certified ID must accompany application form)

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|------------------|--------------------------|-------------------|
| Name of Patient: | Patient's Date of Birth: | (office use only) |
| | | NS |

SECTION 2: DETAILS OF REQUESTOR Current written consent must be obtained from the patient to obtain medical records on behalf of the patient (for all patients 15 years and older).

Name of Requestor

Address

Postcode **Phone Number** **Requestor's Date of Birth**

Email

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

Patient Parent Guardian Child or sibling > 18 years

Spouse or De Facto Relative > 18 years of age with member of patient's household

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

Other (specify)

2 forms of identification (a photocopy of your driver's licence, passport, Medicare card, pension card, bank card etc.) must be certified as a true copy of the original.

Applications will not be processed without the accompanying identification.

SIGNED CONSENT FROM THE PATIENT IS REQUIRED*

***If the patient is deceased, consent from the Executor of the Will or the Administrator of the Estate must be provided with the request. Certified documentation of appointment must also be provided.**

SECTION 3: DETAILS OF INFORMATION REQUESTED

Please specify exactly what information you require:

I wish to obtain information for specific dates

Other (please provide details)

Please provide reasons why you require the information:

Please continue over page

SECTION 3: DETAILS OF INFORMATION REQUESTED cont...

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

- Patient/Requestor Solicitor Medical Practitioner Health Fund
 Other *(specify)*

Release of information via

- Ordinary mail (Registered / Express Post) Collect from the hospital (by appointment only)
 Other, including email *(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 administrative charges (\$60 + 40c per page) 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: Please print

Date:

SECTION 5: DECLARATION

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

Signature:

Name: Please print

Date:

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

Postal address: Hollywood Private Hospital
 Locked Bag 2002
 NEDLANDS WA 6909

Email: Privacy.HPH@ramsayhealth.com.au

Telephone queries: Privacy Officer: 9346 6224 / Health Information Services: 9346 6250

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

CERTIFYING DOCUMENTS

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents.

Who can certify documents?

In **Australia**, the following people are authorised to certify documents:

- **Health professions:** Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist
- **Legal professions:** Legal practitioner, Patent attorney, Trademarks attorney
- **Court positions:** Bailiff, Justice of the Peace, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of a court, CEO of a Commonwealth court
- Commissioner for Affidavits, or Commissioner for Declarations (dependent on jurisdictions)
- **Government representatives** (elected): Federal, State or Territory or Local
- **Public servants:** Federal, State or Territory or Local – employed for five years or more.
- Permanent employees of the **Australian Health Practitioner Regulation Agency**
- Bank officer, building society officer, credit union officer, finance company officer – employed for five years or more
- Veterinary surgeon
- Accountant (member of ICA, ASA, NIA or CPA, ATMA, NTAA)
- Minister of religion, or marriage celebrant

Member of:

- Chartered Secretaries Australia
- Engineers Australia, other than at the grade of student
- Australian Defence Force (an officer; or a non-commissioned officer with 5+ years of continuous service; a warrant officer)
- Australasian Institute of Mining and Metallurgy

- Notary public
- Holder of a statutory office not specified in another item in this Part
- Police officer
- Sheriff or Sheriff's officer
- Teacher (full-time) at a school or tertiary education institution

What do the above authorised officers need to do to certify your documents?

An Authorised Officer should do the following in the presence of the applicant:

- Certify that each document is a true copy of the original.
- Certify that the photograph on the photographic documentation (e.g. licence or passport is a true likeness of the applicant.
- Witness the signature of the applicant.

Certified documents must:

- Be initialled on every page by the Authorised Officer.
- Annotated as appropriate e.g. "I have sighted the original document and certify this to be a true copy of the original" and signed by the Authorised Officer.
- List the name, date of certification, and contact phone number and position number (if relevant) and have the stamp or seal of the Authorised Officer (if relevant) applied.