

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	Sets out standard processes and expectations to enable Community Health Services to work together with the associated Health Information Units regarding requests for personal health information. Includes additional requirements for processing requests for secure organisation or sensitive personal health information.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

Table of Contents

1. PROCEDURE STATEMENT	3
2. SCOPE	3
3. BACKGROUND	4
4. DEFINITIONS	5
5. RESPONSIBILITIES	7
5.1. All employees	7
5.2. Community Health Administrative Staff	7
5.3. Line Managers	7
5.4. Health Information Unit (Release of Information / Medico-Legal) Staff	7
5.5. Health Information Managers (HIUs)	7
5.6. Health Information Manager, PaCH	8
5.7. Community Health Services Clinical Staff	8
5.8. Community Health Services Supervisors and Managers	8
5.9. District Managers/ Service Managers	8
5.10. Digital Health	8
6. PROCEDURE – REQUESTS RELATED TO ONGOING CARE	9
6.1. Receipt of requests for ongoing care purposes	9
6.2. Consent for release of information for ongoing care purposes	9
6.3. Deciding what information to release for ongoing care purposes	10
6.4. Method of release of information for ongoing care purposes	10
6.4.1. Within NSW Health	10
6.4.2. External to NSW Health	10
6.5. Documenting release of for ongoing care purposes	11
7. PROCEDURE – REQUESTS NOT RELATED TO ONGOING CARE	12
7.1. Receipt of Request for Information	12
7.1.1. Received directly by Community Health Services	12
7.1.2. Request received by associated HIU	12
7.2. Search and preparation of health information	13
7.2.1. Request by associated HIU to a Community Health Service for additional local records	13
7.2.2. Community Health Service search and preparation of local patient health information	13
7.3. Review of health records - guidelines (secure organisations or sensitive information only)	14

SESLHD PROCEDURE

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

7.3.1.	When review may be required	14
7.3.2.	Review process	14
7.3.3.	Post-review options for release	15
7.4.	Community Health Service response to HIU	15
7.5.	Release of information or response to requestor by HIU	15
7.6.	Documenting the request for information and outcome	16
8.	DOCUMENTATION	16
9.	TRAINING / EDUCATION	16
10.	AUDIT	16
11.	REFERENCES	17
11.1.	NSW Legislation	17
11.2.	NSW Health	17
11.3.	SESLHD	17
12.	VERSION AND APPROVAL HISTORY	17
APPENDIX A – Process Flowchart		18
APPENDIX B – Associated Health Information Unit Contact Information		19
APPENDIX C – Consent to Release Health Information to Non-Health Agencies		20

SESLHD PROCEDURE

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

1. PROCEDURE STATEMENT

Sets out standard processes and expectations to enable hospital Health Information Units and Community Health Services to work together regarding requests for patient health information to ensure compliance with relevant legislation and NSW Health policies.

This procedure includes additional requirements for processing requests for secure organisations and/or sensitive patient health information.

2. SCOPE

Applies to all Community Health Services in SESLHD, including but not limited to:

- [Community Mental Health](#)
- [Population and Community Health \(PaCH\) Services](#) (including [secure organisations](#))
- Community Nursing
- Affiliated facilities with services/teams functioning within the community (e.g. Southcare, Calvary, War Memorial Hospital).
- SESLHD clinics run out of NGOs (e.g. A Drug and Alcohol Community Health Clinic run by SESLHD Staff out of a Headspace location).

Note that [Drug and Alcohol Community Health Services](#) manage their own medical records and maintain separate processes for their own release of health information.

Release of information under legislation designed to protect certain persons from serious risk of harm is not within scope of this procedure. Given the complexity of processes related to legislation in this area, separate NSW Health policies exist to assist staff. The most common of these are:

- Chapter 16A of the [Children and Young Persons \(Care and Protection\) Act 1998 \(NSW\)](#)
See [NSW Health Policy Directive PD2013_007 - Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#).
- Part 13A of the [Crimes \(Domestic and Family Violence\) Act 2007 \(NSW\)](#)
See the [NSW Government Domestic Violence Information Sharing Protocol](#).
- The [Ageing and Disability Commissioner Act 2019 \(NSW\)](#) along with the [Memorandum of Understanding between NSW Health and the Ageing and Disability Commission](#)
See [NSW Health Policy Directive PD2023_023 - Identifying and responding to abuse of older people](#).

Release of information under Specific guidance may be obtained through contacting a Health Information / Health Records Manager at an associated Health Information Unit.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

3. BACKGROUND

Each Community Health Service within SESLHD has an associated hospital-based Health Information Unit (HIU) based on medical record number (MRN) pools. To ensure appropriate level of expertise in health records and information management, the associated HIU's are responsible for patient registration, records management advice, and release of information functions.

In 2022, it was determined that previously independent secure organisations should follow the same precedent as other Community Health Services. For this purpose, specific HIU staff were granted access to the secure organisations in eMR. This ensured that the entirety of the health record could be accessed and released under relevant legislation/policy where required.

This procedure outlines the process in which Community Health Services, including secure organisations, work with hospitals to facilitate the release of health information in an appropriate and lawful manner. It also provides further guidelines for the release of sensitive and/or a secure organisation's patient health information.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

4. DEFINITIONS

Associated Health Information Unit (HIU): Hospital based Health Information Unit responsible for a specific Community Health Service's health records and information, including but not limited to, MRN pools, patient registration, records management advice, and release of information functions.
May also be called "Clinical Information Unit", "Medical Record Department", "Health Record Department", etc.

Authorised Representative: The *Health Records and Information Privacy Act 2002* sets out the list of people who can be an authorised representative. They are:

- Someone who has an enduring power of attorney for the individual
- A guardian as defined in the *Guardianship Act 1987*
- If the individual is a child under 18, a person who has parental responsibility for them. The Act defines this as "all the duties, powers, responsibility and authority which, by law, parents have in relation to their children"
- Any other person who is authorised by law to act for or represent the person (including an executor or administrator of a deceased estate)
- A "person responsible" under Section 33A of the *Guardianship Act*.

Client/patient: any person to whom a health care provider owes a duty of care in respect of provision of health care services.

Community Health Service: Community Health Services provide a range of primary health, acute and subacute services in predominantly community-based settings and through client home visits.

Confidentiality: the restriction of access to information, and the control of the use and release of personal information, to protect patient privacy.

Consent: Permission for something to happen or agreement to do something. See Section 5.4 of the [NSW Health Privacy Manual for Health Information \(2015\)](#) for more detailed information.

Electronic Medical Record (eMR): Includes all electronic health record systems such as eMR Oracle/Cerner, eMaternity, eRIC, MOSAIQ, ARIA, or any other electronic medical record application/system.

Health Information:

- a) personal information that is information or an opinion about:
 - the physical or mental health or a disability (at any time) of an individual, or
 - an individual's express wishes about the future provision of health services to him or her, or
 - a health service provided, or to be provided, to an individual, or
- b) other personal information collected to provide, or in providing, a health service, or

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

- c) other personal information about an individual collected in connection with the donation, or intended donation, of an individual's body parts, organs or body substances, or
- d) other personal information that is genetic information about an individual arising from a health service provided to the individual in a form that is or could be predictive of the health (at any time) of the individual or of any sibling, relative or descendant of the individual, or
- e) healthcare identifiers, but does not include health information, or a class of health information or health information contained in a class of documents, that is prescribed as exempt health information for the purposes of the HRIP Act generally or for the purposes of specified provisions of the HRIP Act.

Health Record: A documented account, whether in hard copy or electronic form, of a client/patient's health, illness, and treatment during each visit or stay at a public health organisation. Note: holds the same meaning as "health care record", "medical record", "clinical record", "clinical notes", "patient record", "patient notes", "patient file", etc.

HIM: Health Information Manager

Ongoing care: Continuous provision of support, treatment, or health services to a client. This may include various aspects in different settings, including referrals, transfers, clinical care, client support, etc.

Secure Organisation: Secure organisations are facility level locations built within eMR. These locations are secure in the fact that they will not be automatically granted to all eMR users (as occurs within all LHD hospitals), locations will only be granted to the relevant users within the service unit. Information associated with these secure locations is not available to users without access to that organisation.

Sensitive Information: Information that is potentially stigmatising to the client/patient and therefore should be treated with particular care. Examples of sensitive information include HIV/AIDS, sexual assault, sexual health, drug & alcohol, aboriginal health, adoption, genetics, organ/tissue donor identification, third party information, and child protection (including Risk of Significant Harm Reports).

Third party: A person involved in the disclosure of personal health information, being neither the individual who is subject of the information to be disclosed, nor that individual's health care provider at the time the disclosure occurs.

Note: does not include "hearsay" recounted from an individual – only covers confirmable and specific information.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

5. RESPONSIBILITIES

5.1. All employees

- Adhere to procedures within this policy and the references relating to release of health information.
- Forward requests for health information to the associated Health Information Unit as per this procedure unless part of an area approved to release health information.

5.2. Community Health Administrative Staff

- Assist HIUs and service managers with the location and preparation of service specific health records for release in a timely and accurate manner.
- Forward requests for health information to the associated HIU as per this procedure unless part of an area approved to release health information.
- Complete appropriate internal and District training in:
 - Privacy and confidentiality.
 - Relevant electronic health record systems.
 - Retrieval of paper records (where applicable).

5.3. Line Managers

- Promptly respond to any notifications of issues or concerns with the access to or release of health information
- Ensure all staff have completed relevant training and are familiar with this procedure prior to being tasked processing requests for health information.
- Assist in setting up appropriate internal processes for retrieving and/or reviewing health information as required.

5.4. Health Information Unit (Release of Information / Medico-Legal) Staff

- Follow local procedures relating to the release of health information in line with this procedure to ensure that privacy and confidentiality are maintained.
- Liaise with Community Health Services where appropriate to obtain service/unit specific records
- Provide advice to Community Health Services on requested health information where required.
- Promptly respond to any notifications of issues or concerns with the access or release of information
- Maintain an up-to-date and accurate list of Community Health Services and their relevant contact details for reference
- Ensure appropriate records are kept of all requests and responses.

5.5. Health Information Managers (HIUs)

- Address any concerns or questions raised by Community Health Services regarding the release of information

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

- Work with the Health Information Manager, PaCH to develop robust processes for working with Community Health Services where required.
- Serve as an escalation point for any issues with adherence to this procedure.

5.6. Health Information Manager, PaCH

- Provide higher level guidance or assistance with processes or queries
- Assist HIUs set up processes and contacts with Community Health Services where required.

5.7. Community Health Services Clinical Staff

- Assist with the release of health information for ongoing care purposes where required
- Record the release of health information within the clinical record when directly provided
- Review health information prior to release where required as per this procedure in a timely manner
- Escalate any queries, concerns, or questions with either the associated HIUs or the Health Information Manager, PaCH.

5.8. Community Health Services Supervisors and Managers

- Ensure staff have adequate service/unit-based training to prepare health information for requests from the HIUs
- Assist with and/or develop internal processes for the review of health information prior to release where required as per this procedure in a timely manner
- Escalate any queries, concerns, or questions with either the associated HIUs or the Health Information Manager, PaCH.

5.9. District Managers/ Service Managers

- Promptly respond to any escalated notifications of issues or concerns with the access or release of information.

5.10. Digital Health

- Process requests via SARA for access to secure organisations where appropriate
- Ensure appropriate endorsement from site-based Health Information Managers and/or secure organisation Service Manager to assign access.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

6. PROCEDURE – REQUESTS RELATED TO ONGOING CARE

Generally, requests for health information required for ongoing care purposes are processed by Community Health Service administrative and/or clinical staff. The following sets out a general guide for processing these requests.

6.1. Receipt of requests for ongoing care purposes

Wherever possible, requests should be made in writing on official letterhead or from a professional email address and include:

- Details of the service information is being requested from
- Adequate client details to identify the correct patient
- Requestor's name, designation, facility/service/organisation, and contact details
- Information about why the information is required (i.e. patient care)
- Specific details about what information is required
- Patient consent (if required – see next section)

If the request does not include the date, the date of receipt should be noted on the request by the receiving staff member.

When dealing with unfamiliar organisations/services/facilities, it may be necessary for staff to utilise [The White Pages](#) or another verifiable source or webpage to confirm the request is from a legitimate service.

6.2. Consent for release of information for ongoing care purposes

Consent is generally not required when the request is from:

- The client's registered GP
- The referring physician
- Specialist rooms that have been involved in care / treatment
- Another NSW Health facility / network (including Justice Health)
- A service/facility that is caring for the patient in an emergency situation where the client may be unable to provide consent and the information is required for immediate care (in this case, clearly document why consent was unable to be obtained).

However, where the request is in relation to secure or sensitive health information, a consent may be requested from the above where appropriate.

Generally, written consent from the patient is preferred and should be retained in the health record. However, where required, verbal consent can be accepted where the identity of the client can be confirmed. Verbal consent should be documented in the health record.

Consent is generally considered valid for 12 months since discharge or date of consent provided.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

If consent is required, the request cannot be processed until the consent has been received.

6.3. Deciding what information to release for ongoing care purposes

Only information from the receiving health service should be released. If the requestor requires information from other facilities/services, the request should either be forwarded to them for response or the requestor should be informed to contact them directly.

In general, only information within the scope of the request should be released. It is not uncommon for “all records” to be requested. This is normally considered unreasonable, and it is recommended that where no specific information has been specified within the request that only summary documents (such as most recent discharge summaries, letters, or assessments) are provided.

Where required, clinicians should review health records and guide staff with appropriate documents for release.

6.4. Method of release of information for ongoing care purposes

6.4.1. Within NSW Health

Provision of identifiable health information within NSW Health must be done via an approved safe and secure method. The preferred methods are:

- Post
- Fax
- Secure File Transfer (Kiteworks)
- Between @health.nsw.gov.au email addresses

6.4.2. External to NSW Health

Provision of any identifiable health information outside of the NSW Health network must be done via an approved safe and secure method. The preferred methods are:

- Post
- Fax
- Secure File Transfer (Kiteworks)
- Secure email

The use of email for transmission of personal health information to destinations external to NSW Health is not considered secure. If it is not practicable to use the above methods, emails should be password-protected or encrypted prior to transmission.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

There may be limited circumstances when the use of unencrypted emails to transmit health information outside of NSW Health is acceptable, despite the security risk. Such circumstances include where it is necessary to use email to avoid a negative impact on patient care such as clinical emergencies, communications with clients, or external services that do not include significant amounts of health information. These decisions need to strike an appropriate balance between efficiency, patient care requirements, and privacy obligations.

When sending emails external to NSW Health, the minimum amount of personal health information should be disclosed as required for the purpose. Care should always be taken to avoid including patient details in the email subject where possible. Double check that the email address is correct. If practicable, request that the recipient provides you with their email address by emailing you first.

Where password protection of emails is used, the password should not be sent via email to the recipient. The recipient should be notified of the password by telephone or text message.

For more detailed information, refer to:

- [NSW Health Privacy Manual for Health Information \(2025\)](#)
- [SESLHDPD/334 - Preferred ICT Platforms for Collaboration and Video Conferencing within SESLHD](#)
- [Secure File Transfer with Kiteworks – CHIMU Advice Article](#)

Please seek advice from the Health Information Manager, PaCH or the relevant associated Health Information Unit if more guidance is required.

6.5. Documenting release of for ongoing care purposes

Requests for information must be recorded in the health record. Where a written request and consent (where applicable) has been received, these should be imported into eMR using [Single Document Capture \(SDC\)](#). Otherwise, a progress note containing information detailing the requestor, requestor details, consent, and information released should be made.

Where it is not clear from the request what information has been requested/released, information about what documentation has been provided should also be documented.

**Release of Patient Health Information –
Community Health (including Secure Organisations)****SESLHDPR/757****7. PROCEDURE – REQUESTS NOT RELATED TO ONGOING CARE**

Generally, requests for health information for purposes other than ongoing care should be processed by the associated HIUs. This includes, but is not limited to, requests from insurers, solicitors, courts, police, and other government agencies. The processing of requests by HIU staff with specialised release of information training safeguards compliance with privacy legislation and policies. This procedure sets out a general process for HIUs and Community Health Services to work together for the release of health information. An overview of this process is located in Appendix A.

7.1. Receipt of Request for Information

Requests for information may be received by fax, post, email, or in person.

7.1.1. Received directly by Community Health Services

Where a Community Health Service receives a request for patient health information for non-ongoing care purposes, they should scan and send (or if digital, forward) to the associated HIU as per Appendix B. If a cheque/postal order has been received, this should be scanned with the request and then physically sent to the HIU.

To avoid unrequired work, do not send any copies of records (electronic or paper) at this point in the process as the request has not been assessed for validity.

Note: Where a current / recent client makes a simple request for their own information (i.e. discharge summary, test results, etc), the service may choose to provide this information directly to the patient at the time of request. This is acceptable as long as the patient's identity can be confirmed and a progress note recording the request and release is entered in the eMR.

7.1.2. Request received by associated HIU

Where a HIU receives any request for health information (directly or indirectly), they will follow internal processes to review the request to determine:

- Type of request
- Whether consent is required for the type of request. And if required whether it is adequately specific and up-to date.
- Where a request has been made with an authorised representative's consent, whether this consent is specific, up-to-date, and appropriate supporting documentation has been provided where required (see definition for more information).
- If any fees are applicable to the request, and if so, whether the appropriate fee has been provided.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

If any consent, fees, or further documentation is required to progress the request, the HIU will follow this up with the requestor.

The HIU is also responsible for entering the request, and any updates, into their local release of information register as per local department procedures.

7.2. Search and preparation of health information

7.2.1. Request by associated HIU to a Community Health Service for additional local records

Once the request has met requirements as outlined above, the request will be deemed “Valid” and the HIU will progress the request to the “record gathering” phase. To ensure that they have complete and accurate records, the HIU may request any local records (i.e. records outside of eMR which may be paper or from other electronic systems) from the Community Health Service.

The request from the HIU should include:

- Copy of request
- Copy of consent (if applicable)
- Community Health Services Record Request for ROI Purposes Form
- PDF of eMR documentation

7.2.2. Community Health Service search and preparation of local patient health information

Upon receipt of the request from the HIU, the Community Health Service is responsible for providing a PDF copy of all records held by their service that are not held in the eMR in relation to the client/patient. This includes paper records and any electronic medical records that are not part of Oracle/Cerner eMR (i.e. iDose, SHOE, Medical Director, SHIP, etc).

Where paper records are stored offsite, their retrieval may be required. If this impacts the timeframe set out by the HIU, the HIU should be notified.

Documents should be provided in PDF form to the HIU. Where the record is from a secure organisation and/or may contain sensitive information, the entire record should be provided to the appropriate Community Health Service staff member/clinician for review.

SESLHD PROCEDURE

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

7.3. Review of health records - guidelines (secure organisations or sensitive information only)

7.3.1. When review may be required

Records may require are view by a clinician where:

- a client has requested their own records,
- the records requested are from a secure organisation,
- may contain sensitive information.

Initial reviews may be undertaken by designated staff members. Final reviews should be undertaken by an appropriate clinician, an approved/appointed staff member, or senior member of staff.

Community Health Services are responsible for setting up their own internal processes for appropriate reviewing health records where required. General guidelines regarding the review process are outlined below.

Note: The request will have already been reviewed by the HIU to ensure appropriate and valid consent, therefore there is no need to seek further clarification from the requestor unless there are concerns with the consent provided. If there are concerns about the consent provided with the request, these should be made known to the Health Record Department for follow-up.

7.3.2. Review process

In line with legislation and policy, some information may need to be redacted prior to the release depending upon the type of request / requestor. The main reasons that are allowed for redaction/refusal to release are as follows:

- Disclosure of health information could reasonably be expected to:
 - Reveal another individual's personal information (i.e. another patient's MRN, name, treatment, etc)
 - Reveal another person's personal information which is not already known to the patient (i.e. reported by someone other than the patient)
 - Expose a person (including the patient themselves) to risk of harm.
- Record contains DCJ notification information and identifying information about the reporter/s
- Record contains carer details/information that the patient would not be aware of (i.e. in the case of Out of Home Care).
- The disclosure of personal health information about a child would not be in the best interests of the child.

**Release of Patient Health Information –
Community Health (including Secure Organisations)****SESLHDPR/757****7.3.3. Post-review options for release**

The options for release post review are outlined below. If staff have any questions regarding the review or decision process, they should seek further advice from the associated HIU or the Health Information Manager, PaCH Services.

- **Full disclosure**
Where no concerns have been raised by the Health Record Department or during the process of record gathering/review, full disclosure is recommended.
- **Redaction of documents for release**
Where the majority of records are appropriate for release except for limited sections, redactions should be made in Adobe Acrobat Pro. It is preferred that the reviewer makes the redacts, but if required, sections can be flagged to the HIU for processing.
- **Release under supervision of a health practitioner**
Where health information may be prejudicial to the physical or mental health of the patient/client or to another person, the health record may be released to a medical practitioner (internal or external) for review with the patient/client. See the [Privacy Manual for Health Information \(2025\)](#) for more detailed information on this option.
- **Refusal to release**
Refusal to provide records in response to a request should be a rare occurrence. Reason for refusal must meet one of the conditions outlined in Section 7.4.1 of this document. Where refusal has been indicated by review, further guidance and discussion should be had with the HIU HIM. See the [Privacy Manual for Health Information \(2025\)](#) for more detailed information on this option.

7.4. Community Health Service response to HIU

When records have been gathered/scanned and, if applicable, a review has been completed, the Community Health Service should send the documents to the HIU via email/KiteWorks with:

- Completed form
- Digitalised records (if applicable, with notes/redactions) (note: if redactions have already been made, please ensure this is the copy of the record sent)

7.5. Release of information or response to requestor by HIU

The HIU will review the response provided by the Community Health Service and make any updates as required (i.e. redactions, removals, etc). They will

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

then finalise the request as per local procedures in line with NSW Health and SESLHD policies and procedures.

7.6. Documenting the request for information and outcome

HIU will:

- Finalise the request within their ROI register as per local procedures.
- File the request and associated paperwork within the Campus Medical Record (CMR).

8. DOCUMENTATION

- Medico-Legal ROI register (HIU specific)
- Consent to Release Health Information To Non-Health Agencies Form – Appendix C
- Community Health Service Record Request for ROI Purposes Form

9. TRAINING / EDUCATION

- My Health Learning/HETI Privacy – It's Yours to Keep (Course Code 326771159)
- My Health Learning/HETI Privacy Module 2 (Course Code COM938)
- eMR PowerChart (where applicable)
- iPM (where applicable)

10. AUDIT

Yearly audits are to be conducted by the Health Information Units to ensure that Medico-Legal Officers are receiving valid requests and are processing these in accordance with this procedure. The audit results to be presented at the SESLHD Health Records and Medico-Legal Committee.

Ad-hoc audits, especially around the release of secure organisations information, may also be conducted within each service / Hospital as needed.

SESLHD PROCEDURE

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

11. REFERENCES

11.1. NSW Legislation

- [Health Records and Information Privacy Act 2002](#)

11.2. NSW Health

- [NSW Health Policy Manual Privacy Manual for Health Information \(2025\)](#)
- [NSW Health Policy Directive PD2019_001 - Subpoenas](#)

11.3. SESLHD

- [SESLHD Policy SESLHDPD/334 - Preferred ICT Platforms for Collaboration and Video Conferencing within SESLHD](#)
- [SESLHDPR/292 - Hybrid Health Care Record](#)
- [SESLHDPR/510 - Managing Secure Organisation Access within Cerner eMR](#)
- [SESLHDPR/662 - Responding Electronically to Subpoena Requests – Medical Records and Documents](#)
- [SESLHDPR/675 - Release of Patient Health Information Related to an Insurance/Compensation Claim](#)
- SESLHD [Secure Org Approver List](#)

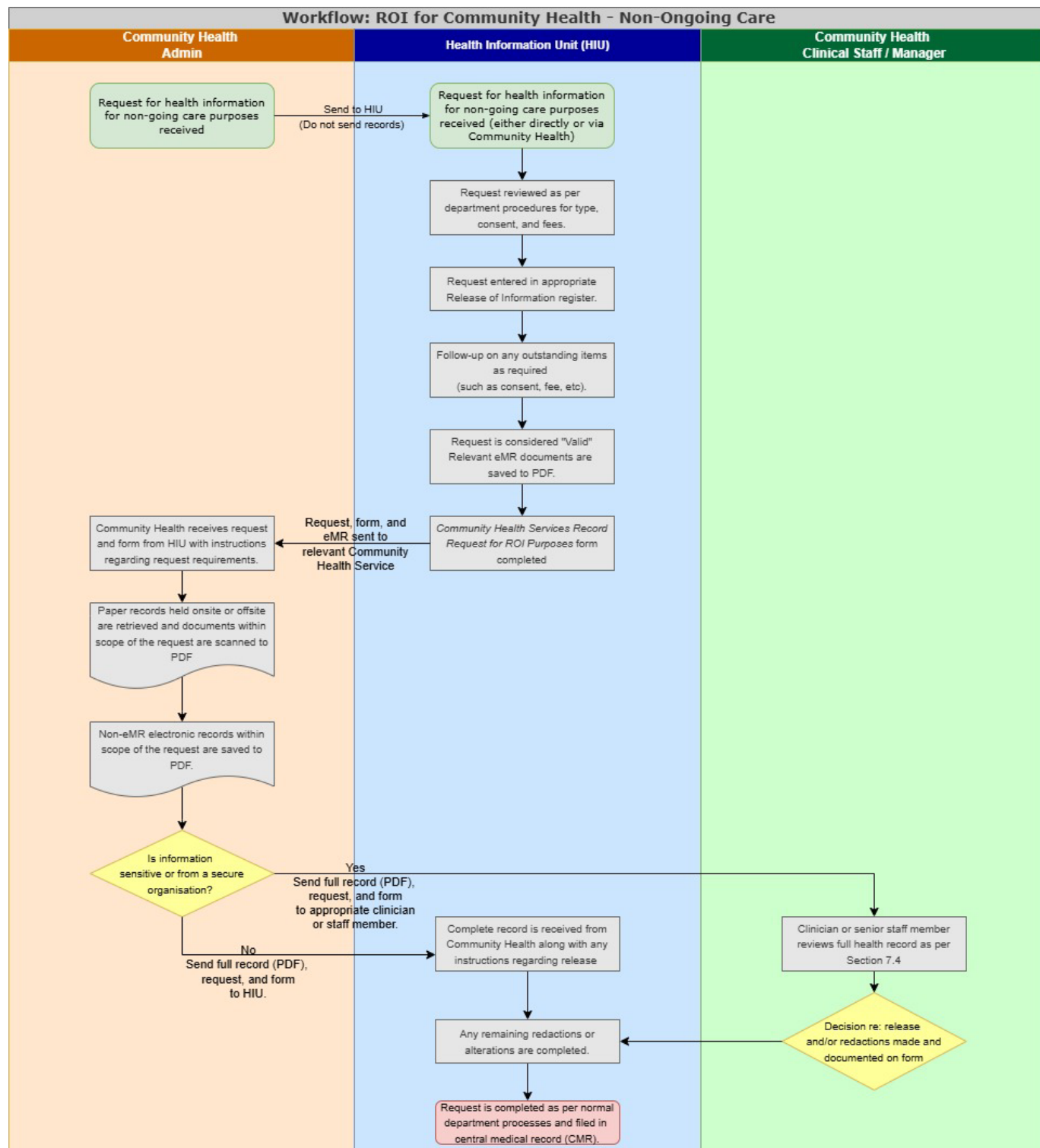
12. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
29/08/2023	0	New document drafted by SESLHD Health Records and Medico-Legal Committee. Approved at the August 2023 Clinical and Quality Council.
1 October 2025	1.0	Major review: review prompted by HIM, PaCH to assist with queries and implementation. Need to widen scope to all Community Health Services, not just secure organisations, due to reports of non-compliance. Surveys and interviews indicated need for more information on process as well to ensure streamlined interaction between services. Changes: - Scope of document widened to include all Community Health Services (excluding D&A) - Detailed processes for community health and associated hospital Health Information Units added - Update to links / policies / procedures - Addition of flowchart - Addition of list of Community Health Service records and contact details - Creation of form to assist in process Approved at Executive Meeting and by Chief Executive.

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

APPENDIX A – Process Flowchart



SESLHD PROCEDURE

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

APPENDIX B – Associated Health Information Unit Contact Information

Facility	Email address
Calvary Hospital, Kogarah	CHC-Kogarah-MedicalRecords@health.nsw.gov.au
Prince of Wales Hospital (Prince of Wales Hospital & Royal Hospital for Women)	SESLHD-HealthInformationPOWH@health.nsw.gov.au
St. George Hospital	SESLHD-STG-ClinicalInformation@health.nsw.gov.au
The Sutherland Hospital	SESLHD-TSH-ClinicalInformation@health.nsw.gov.au
Sydney / Sydney Eye Hospital	SESLHD-SSEH- ClinicalInformation@health.nsw.gov.au
War Memorial Hospital	SESLHD-HealthInformationWMH@health.nsw.gov.au

Release of Patient Health Information – Community Health (including Secure Organisations)

SESLHDPR/757

APPENDIX C – Consent to Release Health Information to Non-Health Agencies



SMR020080

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

 Health	FAMILY NAME	MRN
	GIVEN NAME	☐ MALE ☐ FEMALE
	D.O.B. ____/____/____	M.O.
	ADDRESS	
	LOCATION / WARD	
CONSENT TO RELEASE HEALTH INFORMATION TO NON-HEALTH AGENCIES		
INSTRUCTIONS		
This form is only to be utilised for release of health information to a service provider when any of the following criteria are met: - the information required is for a purpose other than direct ongoing patient/client care (eg. home modification) - the client would not reasonably expect that their information will be disclosed to this service provider - the service provider is a non-health service provider (eg. NDIS, Centrelink, Meals on Wheels, Schools, Housing NSW etc.) Consent is not required for disclosure of health information to health professionals for the purpose of ongoing care as per NSW Health Privacy Manual HPPs 10 and 11. This form is not to be used for Chapter 16A Child Protection requests.		
CLIENT/PATIENT DETAILS		
Family Name: _____ Title(Mr/s): _____ Given Name: _____ Date of Birth: _____ Residential Address: _____ Telephone No. (Home): _____ (Work): _____ (Mobile): _____		
AUTHORISED PERSON DETAILS (IF NOT CLIENT/PATIENT)		
Family Name: _____ Title(Mr/s): _____ Given Name: _____ Relationship to Client/Patient: _____ Residential Address: _____ Telephone No. (Home): _____ (Work): _____ (Mobile): _____		
CONSENT		
I, _____, authorise _____ Client/Patient/Parent/Guardian Facility/Community Health Centre		
to discuss with, or release health information relating to the above-named client/patient to, the following organisations:		
Organisations	Purpose of release of information	Information released
NB: Sensitive information (complete if applicable): I understand that some of my personal health information may be classed as sensitive. Sensitive information (according to part 5.8 of the Privacy Manual for Health Information Version 3 March 2015 and Section 130 Public Health Act (NSW) 2010) may include information related to sexual assault, drug and alcohol and child protection. I agree that the following sensitive information about me can be released to the organisation(s) listed above, for the purpose(s) as described: _____ Signature: _____ Date: ____/____/____ Client/Patient/Parent/Guardian		
Verbal consent (Staff Use Only) Verbal consent should only be used where it is not practicable to obtain written consent. I have discussed the proposed referrals with the patient/client. I am satisfied that the patient/client understands the proposed uses and disclosures and has provided their informed consent to these. Signature: _____ Practitioner Name: _____ Designation: _____ Date: ____/____/____		
Interpreter _____ Print Name Signature Date Time Emp ID/Prov No.		
NOTE: THIS AUTHORITY IS VALID FOR TWELVE (12) MONTHS FROM THE DATE SIGNED		
WITHDRAWAL OF CONSENT		
I, _____, withdraw my consent to share information with the above mentioned organisations. Client/Patient/Parent/Guardian		
Signature: _____ Print Name: _____ Date: ____/____/____		

CONSENT TO RELEASE HEALTH INFORMATION TO NON-HEALTH AGENCIES

 SMR020.080