



### APPLICATION TO ACCESS PERSONAL HEALTH INFORMATION

Request for records from (*please tick*):

- Prince of Wales Hospital
- Royal Hospital for Women
- Crown Street Women's Hospital (*closed*)
- South Sydney Women's Hospital (*closed*)
- Prince Henry Hospital (*closed*)
- Queen Victoria Hospital for Women and Babies (*closed*)
- St. Margaret's Public Hospital (*closed*)

*Note: Limited information may be available from closed facilities*

#### SECTION A: CLIENT/PATIENT DETAILS

*Please complete*

Surname (Family Name): \_\_\_\_\_ Title (Mr/s): \_\_\_\_\_  
 Given name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Client/Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION B: APPLICANT DETAILS

*Please complete this section if you are applying for access to information relating to another person*

Surname (Family Name): \_\_\_\_\_ Title (Mr/s): \_\_\_\_\_  
 Given name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Relationship to client/patient: \_\_\_\_\_

- 1. Is the client/patient a minor (less than 14 years of age)?** .....  Yes  No  
If Yes, go to Question 2. If No, go to Question 4.
- 2. Are you the client's/patient's parent or guardian?** .....  Yes  No  
If Yes, go to Question 3. If No, the parent or guardian must complete Section C and provide consent.
- 3. Is there a current custody/access order?** .....  Yes  No  
If Yes, provide a copy of the order. If No, sign, date, and go to Section D.
- 4. Is the client/patient deceased?** .....  Yes  No  
If Yes, go to Question 5. If No, go to Question 6.
- 5. Are you the executor or a administrator of the deceased estate?** .....  Yes  No  
If Yes, provide a copy of the will. If No, the executor or administrator must complete Section C and provide consent. If there is no executor or administrator please state as much in writing with an explanation of your relationship to the patient/client.
- 6. Does the client/patient lack the mental capacity to give consent?** .....  Yes  No  
If Yes, go to Question 7. If No, the client/patient must complete Section C and provide consent.
- 7. Are you the client's/patient's legal guardian or do you have an enduring power of attorney?** .....  Yes  No  
If Yes, provide a copy of the guardianship order and/or relevant documentation. If No, the legal guardian or the person who holds an enduring power of attorney must complete Section C and provide consent. If there is no legal guardian or a person who holds an enduring power of attorney, please state so in writing with an explanation of your relationship to the patient/client.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION C: CONSENT

*Please complete if you answered 'No' to Questions 2, 5, 6 or Question 7*

I, \_\_\_\_\_ authorise \_\_\_\_\_  
Client/Patient/Parent/Guardian/Authorised Representative Facility/Community Health Centre  
 to release a copy of clinical notes relating to the client/patient recorded above to \_\_\_\_\_  
Name of Applicant

I understand that the information I authorise to be released may be classed as sensitive (according to Section 15.9 of the NSW Health Privacy Manual for Health Information v3 and Section 17 of the Public Health Act 1991) and may include information related to HIV/AIDS, sexual assault, sexual health, drug & alcohol, aboriginal health, adoption, genetics and organ/tissue donor identification.

Client/Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

BINDING MARGIN - NO WRITING  
FILE IN CLINICAL RECORD

REORDER: MEDICAL RECORDS DEPARTMENT March 15/Rev 2.2

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**SECTION D: DETAILS OF REQUEST AND FEES**

*Please tick the appropriate box below to indicate the information/documents you would like to request*

Information requested	Fees and Conditions (Includes GST) <small>(As stipulated under the NSW Ministry of Health Policy Directive PD2006_050 Health Records and Medical/Clinical Reports-Charging Policy and Information Bulletin IB2015_044 Health Records and Medical/Clinical Reports-Rates)</small>
<input type="checkbox"/> Copy of medical records	\$33.00 up to 80 pages \$16.50 for holders of Pension/Health Care Card up to 80 pages Plus photocopying fee of \$0.44 per page in excess of 80 pages. For holders of Pension/Health Care Card, a 50% reduction of the photocopying fee applies.
<input type="checkbox"/> Clinical imaging / x-ray / photography	\$16.50 per compact disc (CD). \$11.00 per film.
<input type="checkbox"/> Viewing of medical records	Free
<input type="checkbox"/> Discharge Summary	Free if less than 12 months since attendance \$33.00 if more than 12 months has lapsed since attendance \$16.50 for holders of Pension/Health Care Card.
<input type="checkbox"/> Date of Attendance letter	Free
<input type="checkbox"/> Work Cover Certificate / Medical Certificate	Free if less than one month since attendance \$33.00 if more than one month has lapsed since attendance
<input type="checkbox"/> Medical Certificate of Cause of Death	Free if less than 12 months since attendance \$33.00 if more than 12 months has lapsed since attendance
<input type="checkbox"/> Confirmation of Birth letter Mothers name: _____ Mother's DOB: _____	\$33.00

My cheque/money order for \$ \_\_\_\_\_ fee is enclosed. For fee reduction please supply supporting documents (e.g. Pension/Health Care Card).

Cheques/money order should be made payable to **Prince of Wales Hospital**

**Please note: Cash and card payment can be made at the facility. Do not send cash or card details through the post.**

Date/s or period of attendance for which records are required: \_\_\_\_\_

Describe clearly the documents required: \_\_\_\_\_

**INFORMATION FOR APPLICANTS**

- Copies of two forms of identification of the client/patient and applicant (if applicable) is required, preferably photo ID and at least one with a signature.
- We aim to process your request within 28 working days of receipt in the Medico-legal Department on the condition that the required information and fees have been received. Note: Processing may take additional time due to unforeseen circumstances.
- If information contained in the record is deemed to be sensitive, you may be asked to nominate a treating Health Professional who will review the records with you.
- Our practice is to send information via regular Australia Post. If you want to make alternative arrangements please contact the relevant facility to discuss.

**For further information please contact the Medico-Legal Section on (02) 9382 3771**

**Please send this form and fees to:** Health Information Unit  
Prince of Wales Hospital  
**Level 0, Dickinson Building**  
Barker Street  
Randwick NSW 2031

**OFFICE USE ONLY**

**Please tick the appropriate box to indicate the identification provided.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Medicare Card                   | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Tertiary education ID (photo) |
| <input type="checkbox"/> Current Drivers Licence (photo) | <input type="checkbox"/> Passport (photo)  | <input type="checkbox"/> Pension/Health Care Card      |

Other – please specify: \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt No.: \_\_\_\_\_

ID obtained/sighted:  Yes  No Mode of delivery:  Mail  Pick up

BINDING MARGIN - NO WRITING  
FILE IN CLINICAL RECORD