Reset Print

Queensland Government

Wide Bay Hospital and Health Service

APPLICATION FOR ACCESS TO HEALTH RECORDS

☐ Hervey Bay ☐ Maryborough
☐ Bundaberg ☐

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

An Application for Access to Health Records will be processed after receipt of the completed application form and confirmation of identity and consent. Applications may be processed under the Health Information: Disclosure and Access Guideline (HIDAG) - Administrative Access, *Right to Information Act 2009* (RTI) or the *Information Privacy Act 2009* (IP). Time frames for completing an application will vary dependent on the process applied to the application.
Please allow 25 business days for processing. If files are held off-site, or the request involves a large volume of documents, extra time may be required.

DETAILS OF APPLICANT (Please Print)

Title: (Mr/Mrs/Ms etc)	**Surname/Family Name:**	
Given Name(s):		**Date of Birth: (dd/mm/yyyy)**
Name used in records (if records requested are under a different name than above, please provide details):		
Postal Address:	**Suburb/Town:**	**Postcode**
Telephone: (Home)	**(Work)**	**(Mobile)**

DETAILS OF REQUEST

☐ Xray/Ultrasound/CT – Imaging report ☐ Scope Records ☐ Pathology
☐ Admission Records (Summary) ☐ Emergency Department Records (Summary) ☐ Specialist Outpatient Department / Allied Health Notes
☐ Confirmation of Diagnosis ☐ Discharge Letter/Discharge Summary

I would like to access the following documents

Please provide specific and detailed information about the document you are seeking if the selections above do not qualify. If specific and detailed information is not included, this may cause a delay to the processing of your application:

Please specify the date range the records relate to:

Personal information collected by the Information Access Unit, Wide Bay Hospital and Health Service, is handled in accordance with the *Information Privacy Act 2009* (Qld). The Information Access Unit is collecting your personal information for identity verification and to meet the confidentiality requirements pursuant to the *Hospital and Health Boards Act 2011* (Qld). All personal information collected will be securely stored and only accessible by the officers of the Information Access Unit. Your personal information may be provided to officers within the Wide Bay Hospital and Health Service for the purposes of actioning your request for information. Your personal information will not be disclosed to third parties without consent, unless the disclosure is required or permitted by law. Should you choose not to provide your personal information, the Information Access Unit will be unable to verify your identity, and will not be lawfully permitted to release confidential information held. For more information about how the Wide Bay Hospital and Health Service protects your personal information, or to learn about your right to access your own personal information, please refer to our privacy policy or ask a member of our friendly team.

EVIDENCE OF IDENTITY

Before access to personal information can be given, you will need suitable identity (see over for acceptable forms of documentation). **A copy of the identifying document accompanies this form ☐ Yes ☐ No**	If you are requesting personal information in respect of another person, the signed and dated written consent of that person is also required. **A copy of the person's written consent accompanies this form ☐ Yes ☐ No**

SIGNATURE: ..... **DATE:**

Transfer method for information: *Please tick* ☐ Collection ☐ Normal Post ☐ Registered Post ☐ Secure email:

Family Name: **Given Name** **UR:**

EVIDENCE OF IDENTITY

To protect patient privacy, satisfactory evidence of identity is required before you can be given access to health information. This can be established by providing one of the following identity documents:

- ☐ Drivers Licence
- ☐ Medicare or health benefits card
- ☐ Birth Certificate or certified extract from birth register
- ☐ Marriage certificate
- ☐ Identifying page of current passport
- ☐ Naturalisation certificate or citizenship Certificate
- ☐ Immigration papers or other documents issued by the Commonwealth Department of Immigration

IF APPLYING IN PERSON:
Bring an **original** of one of the above documents for verification and photocopying by departmental officer.

IF APPLYING BY MAIL:
Send with your application a photocopy of one of the identity documents listed above. The photocopy **MUST** bear the **ORIGINAL** signature of a Commissioner for Declarations or a Justice of the Peace (JP), certifying the photocopy to be a true copy of the original document, which they have sighted.

Documents that bear a photocopied or facsimile copy of the certification/signature will not be accepted

DO NOT SEND ORIGINAL IDENTITY DOCUMENTS THROUGH THE MAIL

Copies of identity documents will be securely destroyed once your application has been processed.

OFFICE USE ONLY

Date Received: ____/____/____		**Officer's Signature:**
Identity Confirmed ☐ Yes ☐ No	⇐ If **NO** Application is refused	**Officer's Signature:**
Consent Verified ☐ Yes ☐ No		**Officer's Signature:**

☐ **PROCESSED UNDER: Administrative Access**

Release authorised by: Officer's Name and Signature:	Date: ____/____/____
Documents released by: Officer's Name and Signature:	Date: ____/____/____

Method of release:

☐ Collection ☐ Normal Post ☐ Registered Post ☐ Secure email ☐ Fax ☐ Other_____

☐ **REFERRED FOR PROCESSING UNDER:** ***Right to Information Act 2009* (RTI)/*Information Privacy Act 2009 (IP)***

Referred by: Officer's Name and Signature:	Date: ____/____/____

Reason for Referral:

This completed form is not to be filed in the patient record.
Refer Information Access Unit for processing of application.