



Facility: COM HKH MQE MVH RNS RYD

FAMILY NAME		MRN
GIVEN NAME		MALE FEMALE
D.O.B. DD / MM / YYYY	M.O.	
ADDRESS		
		PH
M/C	FIN	
LOCATION / WARD		ADM DD / MM / YYYY

# APPLICATION FOR ACCESS TO CLINICAL INFORMATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

This form is used to access information under the Health Records and Information Privacy Act 2002 (HRIPA). Requests to access information under the Government Information (Public Access) Act 2009 need to be referred to the Privacy and Right to Information Officer, email: [NSLHD-PrivacyandGIPA@health.nsw.gov.au](mailto:NSLHD-PrivacyandGIPA@health.nsw.gov.au)

## Section A: Patient details

Surname (family name) ..... Title: Mr Mrs Ms Miss Other

Given names .....

Previous names (if applicable) ..... Date of birth: \_\_\_ / \_\_\_ / \_\_\_

Residential address .....

State ..... Postcode ..... Phone (H) ..... Work/Mobile .....

Email .....

Signature (if applying for your own record) ..... Date: \_\_\_ / \_\_\_ / \_\_\_

## Section B: Applicant details (if other than patient)

Surname (family name) ..... Title: Mr Mrs Ms Miss Other

Given names ..... Date of birth: \_\_\_ / \_\_\_ / \_\_\_

Postal address .....

State ..... Postcode ..... Phone (H) ..... Work/Mobile .....

Email .....

Relationship of Applicant to the Patient .....

Please review the information on pages three (3) and four (4) of the form to determine the supporting documentation required for your application.

## Section C: Consent to release of information to applicant

If you are requesting documents relating to another person, on their behalf, they must sign the consent statement below:

I understand that my health record may contain information relating to my medical history and any other conditions not directly related to the purpose for which the information is requested. These medical records may contain information such as HIV / AIDS (testing, status and result), sexual assault, drug & alcohol, Aboriginal health, adoption, genetics and organ/tissue donor identification or any other information which I may define or interpret as sensitive.

I understand that such information may be released unless I specifically state otherwise.

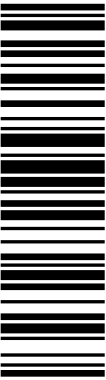
Please tick the appropriate box below:

I **do not** object to sensitive information being released to the above applicant.

I **object** to the following sensitive information being released to the above applicant ..... (please specify)

I ..... authorise Northern Sydney Local Health District to release a copy of medical records as specified on page 2 of this form to ..... (insert name of nominated third party) excluding any information that I have objected to releasing above.

Signature ..... Date: \_\_\_ / \_\_\_ / \_\_\_



MLD08438

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## Section D: Details of request

Please indicate the site from which records are required. A separate application must be made for each site:

Hornsby                      Macquarie                      Ryde                      Royal North Shore                      Mona Vale                      Manly

Community Health Centre/other service (specify) .....

Are you requesting sensitive information from:

Sexual Health                      Drug & Alcohol                      Mental Health

Date(s) or period of attendance for which records are required and/or relevant details of the information required:

## Section E: Method of access

I require a copy of the documents sent to my email (Records will be sent securely via Kiteworks).

Note: NSLHD prefers electronic methods of transfer of information.

I wish to collect a copy of the documents

## Section F: Fees, lodgment and processing

Under Ministry of Health Policy, the application fee for copies of documents is as follows:

**Application fee:** \$30.00 (excl. GST) for the first 80 pages, \$0.41 (excl. GST) for any additional pages.

**Please note:** Viewing of the file can be arranged, with a minimum of three weeks' notice. Please note that a maximum of one hour can be facilitated for viewing.

Pensioner/concession card holders are entitled to a 50% discount on the application fee (proof required).

**Payment options:**

- Cash paid to cashier (applicable only at Ryde and Royal North Shore)
- Cheque made out to the Northern Sydney Local Health District
- Credit or debit card, by phone to the relevant Health Information Services (HIS) department
- Via the NSLHD Payment Portal – please call the relevant Health Information Services (HIS) department for payment details
- By money order

We require a valid application to process your request. A valid application requires fees, identification, consent, and other supporting documentation if applicable (refer to pages 3 and 4). We aim to process your request within 28 working days. Requested information will be delivered by secure electronic file transfer to your email. If your request is for medical records containing Mental Health or sensitive health information, such as information pertaining to counselling records, a clinician may need to review the information prior to its release. This can extend the processing period. You will be informed if this applies to the information you have requested.

For further information please contact Health Information Services:

<p><b>Hornsby Hospital HIS</b> STAR Building, Palmerston Road, Hornsby NSW 2077 Phone: 9485 6120 Email: <a href="mailto:NSLHD-HKH-HIS-Medicolegal@health.nsw.gov.au">NSLHD-HKH-HIS-Medicolegal@health.nsw.gov.au</a></p>	<p><b>Royal North Shore Hospital HIS</b> Level 2, Building 29, Reserve Road, St Leonards NSW 2065 Phone: 9462 9777 Email: <a href="mailto:NSLHD-RNSHIS-Medicolegal@health.nsw.gov.au">NSLHD-RNSHIS-Medicolegal@health.nsw.gov.au</a></p>	<p><b>Ryde Hospital HIS</b> Building 5, Denistone Road, Eastwood NSW 2122 Phone: 9858 7378 Email: <a href="mailto:NSLHD-RYDE-HIS-Medicolegal@health.nsw.gov.au">NSLHD-RYDE-HIS-Medicolegal@health.nsw.gov.au</a></p>
<p><b>Brookvale Community Health Centre HIS</b> Level 4, Brookevale Community Health Centre Building, 612-624 Pittwater Road, Brookvale NSW 2100 Phone: 9388 5281 Email: <a href="mailto:NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au">NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au</a></p>	<p><b>Mona Vale Hospital HIS</b> Level 3, Community Health Building, 8 Coronation Street, Mona Vale NSW 2103 Phone: 9998 6363 Email: <a href="mailto:NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au">NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au</a></p>	<p><b>Macquarie Hospital HIS</b> Building 27, Wicks Road, North Ryde NSW 2113 Phone: 8877 4380 Email: <a href="mailto:NSLHD-MCQ-HIS@health.nsw.gov.au">NSLHD-MCQ-HIS@health.nsw.gov.au</a></p>



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## Section G: Information for applicants

### To obtain a copy of your own medical record:

- Complete this form
- Provide one form of identification if it is a current Australian passport or Australian Driver licence  
OR  
If the above is not available, provide two forms of ID containing a photograph, signature and address detail
  - If you are applying by post, copies of identification must be certified by a Justice of the Peace or solicitor
  - If you are applying by email, copies of your identification must be certified by a Justice of the Peace or solicitor and must be an attachment to the email
  - If you are applying in person, originals of your identification must be sighted and photocopied when you submit your application
- Make payment per instructions in Section F on page 2

### If you are applying on behalf of another person, you need to:

- Complete this form
- Provide your current Australian passport or current Australian Driver licence, or provide two proofs of identification containing a photograph, signature, and current address details
- Provide the patient's current Australian passport or current Australian Driver licence, or provide two proofs of their identification containing a photograph, signature, and current address details
- Make payment per instructions in Section F on page 2

### For other documentation that may be required, please read the instructions for the following scenarios:

#### If the patient is an adult without capacity to consent:

- Is there a Guardianship Order/Power of Attorney in place? Yes      No
- If yes, a copy of the Guardianship Order/Power of Attorney must be provided

#### If the patient is deceased:

- Is there a Will? Yes      No
- If yes, the Will must be provided, along with a Statutory Declaration which certifies that it is the last Will
  - If no, Letters of Administration may be provided
  - If there is no Will and you do not have Letters of Administration, our office will contact you regarding your specific circumstances

- Are you the administrator/executor of the estate? Yes      No
- If no, the administrator/executor must provide signed authorisation for medical records to be released to you
  - If the administrator/executor is not willing to consent, please contact Health Information Services. (Refer to the table in Section F on page 2 for contact details.)

#### If the patient is a child:

- Is there a parenting or custody order? Yes      No
- If yes, a copy of the parenting or custody order must be provided, along with a Statutory Declaration that it is a current, valid parenting or custody order
  - If no, provide a Statutory Declaration that there is no custody or access order

- Are you the patient's parent? Yes      No
- If yes, a copy of the patient's birth certificate identifying yourself as the patient's parent must be provided
  - If no, parental consent must be provided

**If the patient is between the ages of 14 and 16, it is preferable for both the parent and the young person to consent to release of information. Consent can be documented on page 1 of this form.**

Holes punched as per AS2828.1:2019  
BINDING MARGIN - NO WRITING



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## Section H: Identification provided

Please tick the appropriate box for documentation provided.

- |                              |  |                    |
|------------------------------|--|--------------------|
| Passport                     | Australian Driver licence  | Medicare card      |
| Certificate of citizenship   | Birth certificate  | Credit/debit cards |
| International Driver licence | Pension/Centrelink card  | Employment ID      |
| Utilitybills                 | Membership card (Union or trade, professional bodies, education institution) |                    |

Other (specify) .....

## Office use only

MRN ..... Date received: \_\_\_/\_\_\_/\_\_\_ Completion date: \_\_\_/\_\_\_/\_\_\_

Receipt no ..... Processed by .....

Mode of delivery:      Email      Collection

ID obtained:          Yes          No

Notes punched as per AS2828.1:2019  
**BINDING MARGIN - NO WRITING**