



Facility: COM HKH MQE MVH RNS RYD

CONSENT FOR RELEASE OF INFORMATION TO A THIRD PARTY

Form with fields: FAMILY NAME, MRN, GIVEN NAME, M/ALE, F/EMALE, D.O.B., M.O., ADDRESS, PH, M/C, FIN, LOCATION / WARD, ADM, DD / MM / YYYY

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Medico-Legal Section, Health Information Services

Brookvale Community Health Centre HIS
Level 4, 612-624 Pittwater Road, Brookvale NSW 2100
Phone: 9388 5281
Email: NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au

Royal North Shore Hospital HIS
Level 2, Building 29, Reserve Road, St Leonards NSW 2065
Phone: 9462 9777
Email: NSLHD-RNSHIS-Medicolegal@health.nsw.gov.au

Mona Vale Hospital HIS
Level 2, 18 Coronation Street, Mona Vale NSW 2103
Phone: 9998 6363
Email: NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au

Hornsby Hospital HIS
STAR Building, Palmerston Road, Hornsby NSW 2077
Phone: 9485 6120
Email: NSLHD-HKH-HIS-Medicolegal@health.nsw.gov.au

Ryde Hospital HIS
Building 5, Denistone Road, Eastwood NSW 2122
Phone: 9858 7377
Email: NSLHD-RYDE-HIS-Medicolegal@health.nsw.gov.au

Macquarie Hospital HIS
Building 27, Wicks Road, North Ryde NSW 2113
Phone: 8877 4380
Email: NSLHD-MCQ-HIS@health.nsw.gov.au

Client/Patient Details

Form with fields: Title, Surname, Given Names/s, DOB, Address, Postcode, Phone (H), Work/Mobile

Authorised Representative Details (If applicable)

Form with fields: Title, Surname, Given Names/s, DOB, Address, Postcode, Phone (H), Work/Mobile, Relationship to Client/Patient

Describe Information Requested (Include dates of health treatment if known)

NB: Please be specific or confidential information which may be irrelevant to the request may be released.

Authority to Release Information

I, (insert patient/authorised representative name) give my permission to (insert name of Hospital/Health Service) to provide the above information (please tick relevant boxes): [] Copied & Released [] Supplied For Viewing

Requestor Details

Form with fields: Name of Person/Organisation, Police Badge Number (if applicable), Address of Person/Organisation

Sensitive Information Notice

I understand that the information I authorise to be released may be classed as sensitive (according to 15.9 NSW Health Privacy Manual for Health Information and Section 17 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. I agree to allow the person and/or organisation recorded above in Section 'Authority to Release Information' to have a copy of all (or part) and/or view the information requested (including clinical notes) and I am aware that the information includes confidential information which may be irrelevant to the request purpose. If you have any concerns regarding release of any such information contact the relevant HIS department or describe here what information you do not want released.

Signature: Date: / /

THIS CONSENT IS VALID FOR A PERIOD OF 3 MONTHS (in accordance with 5.4.1 NSW Health Privacy Manual for Health Information)

Holes punched as per AS2828.1:2019

BINDING MARGIN - NO WRITING



MLD11074G

CATALOGUE NUMBER NS11074G-E SEP22/V11

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