



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. DD / MM / YYYY	M.O.	
ADDRESS		
		PH
M/C	FIN	
LOCATION / WARD	ADM DD / MM / YYYY	

Facility: COM HKH MQE MVH RNS RYD

REQUEST FOR CONFIRMATION OF ATTENDANCE

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 (GIPAA) need to be referred to the Privacy and Right Information Officer.

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

If you are applying for your own attendance dates, please sign directly below. If you are applying on someone else's behalf, proceed to Section B.

I, require confirmation of my attendance at (insert name of hospital) relating to the following occasion/s:

.....
.....

Signature Date: ___ / ___ / ___

Section B: Applicant Details (if other than patient)

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

Given names Date of birth: ___ / ___ / ___

Residential address

..... State Postcode

Phone (H) Work/Mobile Email

Relationship of Applicant to the Patient

Please review the information on pages 2 and 3 to determine the supporting documentation required for your application.

Section C: Consent to Release of Information to Applicant

If you are requesting confirmation of attendance dates relating to another person, on their behalf, they must sign the consent statement below.

I, authorise Northern Sydney Local Health District to release dates of my attendance at (insert name of health service)

to (insert name of nominated third party)

Signature Date: ___ / ___ / ___





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Section D: Lodgement and Processing

Provision of a Confirmation of Attendance Letter is free of charge.

We require a valid application to process your request. A valid application requires identification, consent, and other supporting documentation, if applicable. Unless otherwise stated, the requested information will be delivered to you in a letter by regular Australia Post or by secure electronic transfer.

A separate request for confirmation of attendance will need to be submitted to each hospital attended. Hospital Health Information Service departments also process Confirmation of Attendance requests for community services attended.

Please submit your completed application and supporting documentation to the relevant hospital's Health Information Services (HIS) department.

Please call the relevant department if you have any questions:

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 7598
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

Section E: Information for Applicants

To obtain a copy of your own confirmation of attendance details

- Complete this form
- Provide one form of identification if it is a current Australian passport or Australian drivers 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 a 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 collect your information.
- Submit this form and supporting documentation to the relevant HIS department listed in Section D (above).

If you are applying on behalf of another person

- Complete this form.
- Provide one form of identification if it is a current Australian passport or Australian drivers 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 and the patient's identification must be certified by a Justice of the Peace or solicitor.
 - If you are applying by email, copies of your identification and the patient's 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 and the patient's identification must be sighted and photocopied when you submit your application.
- Submit this form and supporting documentation to the relevant HIS department listed in Section D (above).



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Section E: Information for Applicants (cont.)

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

If you are the patient's legal guardian

Is there a Guardianship Order/Power of Attorney in place?

Yes No

If yes, a certified copy of the Guardianship Order/Power of Attorney must be provided.

If the person whose confirmation of attendance letter is being requested is a child

Is there a parenting or custody order?

Yes No

If yes, 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 declaring that there is no parenting or custody order.

Are you the parent of the person whose confirmation of attendance letter is being requested?

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.

Section F: Identification Provided

Please tick the appropriate box for documentation provided.

- | | | |
|---|---|---|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Australian Driver licence | <input type="checkbox"/> Medicare card |
| <input type="checkbox"/> Certificate of citizenship | <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Credit/debit cards |
| <input type="checkbox"/> International Driver licence | <input type="checkbox"/> Pension/Centrelink card | <input type="checkbox"/> Employment ID |
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Membership card (Union or trade, professional bodies, education institution) | |
| <input type="checkbox"/> Commonwealth Seniors Health Card | | |
| <input type="checkbox"/> Other (please specify)..... | | |

Section G: Office Use Only

MRN Date Received: ___ / ___ / ___ Completion Date: ___ / ___ / ___

Receipt No Processed By

Mode of Delivery: Secure electronic transfer Mail Pick up

Identification and supporting documentation obtained: Yes No

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