



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

Facility: COM HKH MQE MVH RNS RYD

APPLICATION FOR ACCESS TO ADOPTION INFORMATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

This form is used to access information under the Adoption Act 2000. Requests to access information under the Health Records and Information Privacy Act 2002 (HRIPA) should be directed to the relevant Health Information Services facility. Government Information (Public Access) Act 2009 (GIPAA) requests need to be referred to the Principal Privacy and GIPA Officer at NSLHD-PrivacyandGIPA@health.nsw.gov.au

Section A: Applicant details

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

Given names Sex: Male Female

Previous names (if applicable) Date of birth: ___ / ___ / ____

Residential address

State Postcode

Phone (H) Work/Mobile Email

You are the: Birth Mother Birth Father Adopted Child Sibling of Adopted Child
 Birth Sibling of Adopted Child Adoptive Mother Adoptive Father

Applicant's signature Date: / /

Section B: Patient details

Hospital where child was born: Royal North Shore Mater Maternity Hornsby
 Manly Mona Vale Ryde

Adoptee's date of birth: : ___ / ___ / ____

Birth mother's family name Birth mother's Given name/s

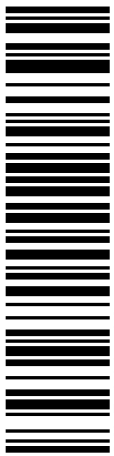
Details of information / documents required:

Section C: Patient identification requirements

- Adoption Information Certificate (available for a fee from the Adoption Information Unit – Department of Communities and Justice)
- Amended Birth Certificate
- Original Birth Certificate (stating with 'Issued under Adoption Act') or Adoption Order (this verifies birth mother's name)
- Marriage certificate if applicable (this verifies change in name)

Section D: 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



MLD11074A

Holes punched as per AS2828.1:2019

BINDING MARGIN – NO WRITING

MAY23/V5

CATALOGUE NUMBER NS11074A-E

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	

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Section E: 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 Section 3). 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 (HIS):

<p>Hornsby Hospital HIS STAR Building, Palmerston Road, Hornsby NSW 2077 Phone: 9485 6120 Email: NSLHD-HKH-HIS-Medicolegal@health.nsw.gov.au</p>	<p>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</p>	<p>Ryde Hospital HIS Building 5, Denistone Road, Eastwood NSW 2122 Phone: 9858 7378 Email: NSLHD-RYDE-HIS-Medicolegal@health.nsw.gov.au</p>
<p>Brookvale Community Health Centre HIS Level 4, Brookvale Community Health Centre Building, 612-624 Pittwater Road, Brookvale NSW 2100 Phone: 9388 5281 Email: NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au</p>	<p>Mona Vale Hospital HIS Level 3, Community Health Building, 18 Coronation Street, Mona Vale NSW 2103 Phone: 9998 6363 Email: NSLHD-NB-HIS-Medicolegal@health.nsw.gov.au</p>	<p>Macquarie Hospital HIS Building 27, Wicks Road, North Ryde NSW 2113 Phone: 8877 4380 Email: NSLHD-MCQ-HIS@health.nsw.gov.au</p>

Section F: Information for applicants

To obtain a copy of the information requested in Section B of this form:

1. Complete this form
2. 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
3. Make payment per instructions in Section E of this form.