



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 BIRTH DETAILS

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

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 2 and 3 to determine the supporting documentation required for your application.

Section C: Birth Information

Hospital of birth: Royal North Shore Mater Misericordiae (RNSH only) Hornsby Manly
Mona Vale Ryde

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

Mother's first name and surname at patient's birth

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

Section D: Consent to Release of Information to Applicant

Birth details including time of birth, length and/or weight where available.
If you are requesting birth details relating to another person, on their behalf, they must sign the consent statement below:

I authorise Northern Sydney Local Health District to release a copy of my
birth details to (insert name of nominated third party)

Signature Date: ___ / ___ / ____

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

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility: COM HKH MQE MVH RNS RYD

APPLICATION FOR ACCESS TO BIRTH DETAILS

Section E: Fees, Lodgement 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 the file is free.

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 department (HIS) for lodgment 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 page 3). Requested information will be delivered by secure electronic file transfer to your email.

For further information please contact Health Information Services:

Brookvale Community Health Centre HIS
Level 4, Brookevale Community Health Centre Building, 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 3, Community Health Building, 8 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 7378
Email: NSLHD-RYDE-HIS-Medicolegal@health.nsw.gov.au

Section F: Information for Applicants

Where available, please provide copy of birth certificate, hospital of birth, and/or birth mother's name.

To obtain a copy of your own birth details

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 collect your information
3. Make payment per instructions in Section E (above).

If you are applying on behalf of another person

1. Complete this form.
2. Provide your current Australian passport or current Australian Driver licence, or provide two proofs of identification containing a photograph, signature, and current address details.
3. Provide the patient's current Australian passport or current Australian Driver licence, or provide two certified proofs of their identification containing a photograph, signature, and current address details.
4. Make payment per instructions in Section E (above).



Facility: COM HKH MQE MVH RNS RYD

APPLICATION FOR ACCESS TO BIRTH DETAILS

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

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Section F: 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 birth details are 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 birth details are 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 G: 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"/> Utilitybills | <input type="checkbox"/> Membership card (Union or trade, professional bodies, education institution) | |
| <input type="checkbox"/> Commonwealth Seniors Health Card | | |
| Other (please specify) | | |

Section H: Office Use Only

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

Receipt No Processed By

Mode of Delivery: Email Collection

Identification and supporting documentation obtained: Yes No

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