Title:

DOB: Address:

Postcode:

Surname:

Relationship to Client/Patient:

Facility: COM HKH MQE MVH RNS RYD

CONSENT FOR RELEASE OF INFORMATION TO A

This PDF will expire on 1 February 2026	This PDF wil	l expire or	n 1 Februar	y 2026
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FAMILY NAME			MRN
GIVEN NAME			☐ MALE ☐ FEMALE
D.O.B. DD / MM / YYYY	М.С).	
ADDRESS			
			PH
M/C		FIN	
LOCATION / WARD			ADM DD / MM / YYYY

TIUDD DADTV		LOCA	TION / WARD		ADM DD / MM / YYYY	
THIRD PARTY			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
Medico-Legal Section, Health Inform	ation 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 H Level 2, Building 29, Reserve St Leonards NSW 2065 Phone: 9462 9777 Email: NSLHD-RNSHIS-Medico health.nsw.gov.au		Reserve Road, 065		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 I Building 5, Deni Eastwood NSW Phone: 9858 73 Email: NSLHD-R nsw.gov.au		nistone Road, V 2122		nealth.	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						
le: Surname:			Given Names/s:			
DOB://						
Address:						
Postcode: Phone (H):			Work/Mobile:			
Authorised Representative Details (If	applicable)					

Given Names/s:

Work/Mobile:

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

Phone (H):

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

Authority to Release Information (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** Name of Person/Organisation: Police Badge Number (if applicable):

Sensitive Information Notice

Address of Person/Organisation:

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

and I am aware that the information includes confidential information which may be irrelevant to the request purpose. If you have any conce	rns
regarding release of any such information contact the relevant HIS department or describe here what information you do not want released.	

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

SATALOGUE NUMBER NS11074G-

CONSENT FOR RELEASE INFO TO THIRD PARTY