

FOR MEDICAL RECORD USE ONLY

HEALTH RECORDS AND INFORMATION PRIVACY ACT 2002 APPLICATION FORM



Health
Mid North Coast
Local Health Network

Hastings-Macleay Clinical Network:

Kempsey Ph:(02) 6561 2664 Fax: (02) 6561 2669
Locked Bag 1 Kempsey NSW 2440
Email: MNCLHD-KEMP-MedicalRecords@health.nsw.gov.au

Coffs Clinical Network:

(including Bellingen District Hospital; Coffs
Harbour Health Campus; Dorrigo MPS;
Macksville District Hospital)

All correspondence to:

**Coffs Harbour Health Campus, Locked Mail
Bag 812 Coffs Harbour NSW 2450**

Ph: (02) 6656 7448 Fax: (02) 6656 7446
MNCLHD-CHHC-HIRS@health.nsw.gov.au

Port Macquarie Ph: (02) 5524 2022 Fax: (02) 5524 2029
P.O. Box 2466 Port Macquarie NSW 2444
Email: MNCLHD-PMBH-HIRS@health.nsw.gov.au

Wauchope Ph:(02) 6580 8000 Fax: 6580 8001 Email: Nil

Port Macquarie Community Health

Ph: (02) 6589 2363 Fax: (02) 5524 2615
P.O. Box 126 Port Macquarie NSW 2444
Email: MNCLHD-PMCH-MedicalRecords@health.nsw.gov.au

Date Received: ____/____/____

DETAILS OF PATIENT

Surname: _____ Given Name: _____ Title: _____

DOB: _____ Previous Name (if applicable): _____

Address: _____ Postcode: _____

Telephone no. (Home): _____ (Work): _____

(Mobile): _____ Email address: _____

DETAILS OF REQUESTOR

(If this request relates to the documents of another person please complete this section)

Surname: _____ Given Name: : _____ Title: _____

DOB: _____ Relationship to patient: _____

Address: _____ Postcode: _____

Telephone No. (Home): _____ (Work): _____

(Mobile): _____ Email address: _____

DETAILS OF REQUEST

Date/s or period of attendance to the **facility** which you require: _____

Describe clearly the documents required: _____

For what purpose do you require the documents: _____

FORM OF ACCESS

☐ **I wish to view the documents (Payment NOT required).** For *VIEWING ONLY* of documents, the Health Information and Record Service will arrange an appointment for you.

☐ **I require a copy of the documents**

☐ To be collected from Health Information and Record Service (where the records are located)

Name of person collecting _____

☐ To be posted to _____

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PAYMENT

- ☐ \$33 fee is enclosed. I understand that additional costs may be incurred if documents required exceed 80 pages. (See Fees and Charges)
- ☐ \$16.50 is enclosed as I hold a Social Security/Pensioner/Health Care Card Number: _____
Copy of the card is required.

Cost is per facility (i.e. if records are requested across a number of sites within the network, each site requires a separate payment).

This is to certify that the details on this form are correct to the best of my knowledge. I have read the Information for Applicants and understand that full payment and appropriate identification is required before documents are processed and released.

SIGNATURE..... **DATE**.....

PRINT NAME.....

INFORMATION FOR APPLICANTS

Processing time and contact details:

By using this form information is requested under the Health Records and Information Privacy Act 2002. Please provide as much detail as you can to help us identify the documents you require.

NOTE: If you are requesting a medical record that pertains to another person, the written consent of that person will be required. In the event that the person is deceased, the applicant **MUST be the Executor of the Will**. Proof of this relationship will be required.

Fees and Charges:

Under the NSW Department of Health Policy Directive PD2006_050 and Information Bulletin IB2019_036, the charge for providing a copy of the medical record, or part thereof, to a maximum of 80 pages, is \$33 (including GST). The charges above include search fee, photocopying charges, labour costs, administrative charges and postage.

A reduced fee of \$16.50 is applicable with proof of Health Care card, Social Security card or Pension card. Provision of a copy of a medical record in excess of 80 pages will be charged at an additional 41 cents per page, plus GST. **(Applicants will be informed if extra charges apply and the balance must be paid prior to processing and release of the documents).**

If your record is held offsite there is a surcharge of \$17.55 to retrieve this record on top of the above charges.

Please note: All care will be taken in despatching a copy of medical records to your nominated address but we cannot take responsibility for missing documents sent in the mail.

Applicant identification:

Applicants are required to provide 2 forms of identification before the medical record can be released. Applicants identification must consist of 1 from column A and 1 from column B. Acceptable forms of identification are as listed below:

A

- ☐ Passport
- ☐ Citizen Certificate
- ☐ Current Driver's Licence
- ☐ Public Service ID (Photo)
- ☐ Social Security Card (Photo)
- ☐ Tertiary Education ID (photo)
- ☐ Employment ID (Photo)
- ☐ Credit Card (Photo)

B

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Employment ID (Without Photo)
- ☐ Medicare Card
- ☐ Credit/Debit Cards, Pass Books
- ☐ Utility Bills
- ☐ Membership Card
- ☐ Education Institutions, Union or Trade Card, Professional Bodies.

FOR OFFICE USE ONLY (June 2021 version)

Date Received: _____ **Receipt No.:** _____ **Fee:** _____

HRIP No: _____ **ID Obtained:** [] Yes [] No **Consent Received:** [] Yes [] No [] N/A

Viewing Date (if applicable): _____ **Viewing supervised by:** _____

Processed By: _____ **Date Completed:** _____

