ACT Government Health

Mental Health, Justice Health & Alcohol and Drug Services
Level 3, 1 Moore Street, Canberra City ACT 2601
GPO Box 825 Canberra ACT 2601
Phone: (02) 6205 5142 Fax: (02) 6205 5148
Website: www.health.act.gov.au
ABN: 82 049 056 234

Request for Record Access

Under the *Act Health Records (Privacy and Access) Act 1997, Section 7*

See over for fees: Allow up to 4 weeks for processing

URN: (Office use only)

1. Patient *(whose record do you want to access?)* ☐ Mine ☐ Someone else's (complete details in sections 1 & 2)

Surname		Given Names			
Maiden Name (or other name)		Date of Birth	/ /	Pension No.	
Address		Suburb		Postcode	

2. Requestor

Surname		Given Names			
Relationship (to patient)		Company			
Address		Suburb		Postcode	
Home Ph.		Mobile No.		Fax No.	

3. Information Required *(What information do you require)*

Health Facility (please tick)		See over page for fees applicable. No GST is payable on requests
Type of Access	Copies of the record: ☐ Discharge Summaries ☐ Inpatient notes ☐ Outpatient notes ☐ Other (please specify) ______________________________ ☐ Entire record from ____/_____/_____ ☐ Exclude Observation charts ☐ Exclude Pathology	
	2. Specific Information ☐ Statement of attendance _____/_____/_____ ☐ Medical Certificate for _____/_____/______	
	3. Access to view the record *(Access to view with explanation will require a Doctor's Appt. Additional Consultation fees may apply)* ☐ of Attendance on ____/_____/_____ OR ☐ Entire Record ☐ Other ________________	

4. Authority

Grounds For Authority	I am authorised to access the record on the patient's behalf because *(Please tick whichever is applicable)* ☐ I am the patient ☐ I have the patient's/parent's/guardian's written consent (see below) ☐ I am the patient's next of kin *(Only applicable where the patient is a minor (under 16), or where the patient is deceased with no Will)* ☐ I am the Legal Guardian, Executor of the Will or have a Power of Attorney *(Please attach evidence)*
Consent *(Parent/Guardian consent needed if patient is under 16 years)*	I hereby authorise the release the information specified above to the requestor named on this form. **Signature:** _______________________ **Print Name:** __________________________ **Date:** ___/____/____ Relationship to the patient: ____ Are there any Guardianship/Parental Responsibility Orders currently in place? ☐ Yes ☐ No *(Please supply copies)*

Return completed form via:

Fax: (02) 6205 5148

Email: ROIMHJHADS@act.gov.au

Enquiries: Release of Information Officer – phone 6205 4806, or 6205 5142

Post to: Executive Officer
Mental Health, Justice Health & Alcohol and Drug Services
GPO Box 825
CANBERRA CITY ACT 2601

Fees: The fee is based on the number of pages so will be calculated after the request is received and the record is reviewed.
PAYMENT IS REQUIRED PRIOR TO DESPATCH OF DOCUMENTS (Allow up to 4 weeks for processing)

Fees

Photocopy of record	=	\$39.50 for 50 pages, then 35c per additional page*
View access only (without copies or explanation)	=	\$14.50 *

Pension/Health Care Card 50% discount applicable for requests by* ***Patients* *to access their own record – Please supply copy of Pension or Health Care Card (Note: A discount is not applicable for 3rd party requests e.g. solicitors, insurance companies)*

(If payment of fee will cause undue financial hardship, provide written justification to support request for waiving of fees)
(Access to view with explanation will require a Doctor's Appointment. Additional Consultation fees may apply)

ENGLISH	If you need interpreting help, telephone:
ARABIC	إذا إحتجت للمساعدة بالترجمة الشفوية،إتصل بالهاتف:
CHINESE	如果您需要口译员帮助，请拨电话：
CROATIAN	Ako trebate pomoć tumača telefonirajte:
DARI	اگر به کمک ترجمه شفاهی ضرورت دارید, به این شماره تیلفون کنید:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο:
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
LAO	ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫລືອກ່ຽວກັບການແປພາສາ. ໃຫ້ໂທຣະສັບຫາ
MALTESE	Jekk għandek bżonn l-għajnuna t'interpretu, ċempel:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
RUSSIAN	Если вам нужна помощь переводчика, звоните по телефону:
SPANISH	Si necessita la asistencia de un intérprete, llame al:
VIETNAMESE	Nếu bạn cần một người thông ngôn hãy gọi điện thoại:

TRANSLATING AND INTERPRETING SERVICE

131 450

Canberra and District – 24 hours a day, seven days a week

HEALTH CARE INTERPRETERS (02) 6205 3333