

# Application for Access to Patient Health Care Record Health Records and Information Privacy Act 2002

## APPLICANT DETAILS

Applicant Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Postal Address for correspondence & documents: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Phone No: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Signature Date: \_\_\_/\_\_\_/\_\_\_

## PATIENT DETAILS

Patient Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Medical Record Number (if known) \_\_\_\_\_

Hospital Attendance Dates: \_\_\_\_\_

## INFORMATION REQUEST DETAILS

### Copy of Health Care Record - Please select from the options below:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Clinical Progress Notes | <input type="checkbox"/> Discharge Summaries           | <input type="checkbox"/> Test Results |
| <input type="checkbox"/> Photos                  | <input type="checkbox"/> Clinic reports/correspondence | <input type="checkbox"/> Videos       |
| <input type="checkbox"/> Others (specify): _____ |  |                                       |

\* Medical images – X-rays, CT scans & ultrasounds can be requested from the Medical Imaging Department.

### View Health Care Record

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Clinical Progress Notes | <input type="checkbox"/> Discharge Summaries           | <input type="checkbox"/> Test Results |
| <input type="checkbox"/> Photos                  | <input type="checkbox"/> Clinic reports/correspondence | <input type="checkbox"/> Videos       |
| <input type="checkbox"/> Others (specify): _____ |  |                                       |

Nominate Suitable Viewing Time and Date: \_\_\_\_\_

## IDENTIFICATION REQUIREMENTS

Two forms of identification must be provided from the list below. Please attach copies with your application form.

- |  |  |
|--|--|
| <input type="checkbox"/> Current Australian Driver's Licence | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Social Security/Health Care Card    | <input type="checkbox"/> Pensioners Card   |
| <input type="checkbox"/> Current Passport                    | <input type="checkbox"/> Medicare Card     |



## CHW MAILING DETAILS

Please send the completed application form along with copies of identification to:

**Medicolegal Manager  
Medical Records Department  
The Children's Hospital at Westmead  
Locked Bag 4001  
Westmead NSW 2145  
Tel: (02) 9845 2356**

## FEES AND CHARGES

### HEALTH RECORDS AND MEDICAL/CLINICAL REPORTS – CHARGING POLICY PD2006-050

Viewing the Medical Record	No charge. An appointment has to be made with a Health Information Manager
Copy of the Medical Record	A \$30 set fee applies to all applications made for a copy of the medical record which includes search fee, photocopying charges, labour costs, administrative charges and postage. Please forward payments to the Children's Hospital at Westmead (see reverse). A search fee will be charged for the record irrespective of whether the health record is found. An additional per page rate 35 cents in excess of eighty pages applies. (front and back pages charged separately).
Other Material	An additional charge at cost recovery for the provision of other material such as Xrays, audiovisual tapes, copies of photographs will apply. CD Download \$10.00 per cd. The amount of photos stored per CD varies.
Health Care Pension Card	50% reduction in the application fee applies to applicants. A copy of the Health Care/Pension Card must be attached to the application in order for the reduction in fees to apply

## IMPORTANT INFORMATION FOR APPLICANTS

- **Patients between the age of 14 – 16 can provide consent to access their own documents.**
  - Parents/guardians seeking documents relating to personal affairs of a patient **over the age of 14, will require the written signed consent** from the patient before the application is processed.
  - **Complete fees must accompany all applications for copies of medical records.** If a reduction in fees is being claimed a copy of a valid Health Care Card or Pension Card is required for the application to be processed.
  - **A copy of two forms of identification must accompany all applications.** The acceptable forms of identification are listed under "Identification Requirements". If applying for your own record and you have changed your name since your last attendance at the hospital, a copy of a document with your previous name is required.
  - When applying for a record of a deceased person, Acceptable proof is required.
  - Custodial Access: If there are custodial issues supporting documentation must be provided (ie) current court orders relating to custody/guardianship.
  - **Consent from the case manager is required for children under the care of DoCS.**
  - We will strive to complete your request within 21 working days and will contact you if this time frame needs to be extended.
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