Queensland Government

Health Information Services, **The Prince Charles Hospital**

E: TPCH-MRD-ROI@health.qld.gov.au **P:** 07 3139 5631 **F:** 07 3139 4908

Request for Release of Patient Information

Send completed form to Health Information Services via:

Email: TPCH-MRD-ROI@health.qld.gov.au **OR** **Fax:** 07 3139 4908

CONFIDENTIAL COMMUNICATION

REQUESTING PERSON NAME:		
Designation:	**Signature:**	
Facility:	**Phone:**	**Fax:**

☐ **URGENT**
WITHIN 2-4 HOURS
☐ Resus ☐ Emergency

☐ **AS SOON AS POSSIBLE**
WITHIN 24 HOURS
☐ OPD / SOPD / Other

☐ **WITHIN 24-48 HOURS**
☐ GP / Medical Centres

[INDICATE APPOINTMENT DATE: _____]

(**Write** patient details or **affix** patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ I

CONSENT TO RELEASE INFORMATION

I, _____

(patient/client/guardian) – date: ____ / ____ / ____
hereby consent to the release of clinical information to my healthcare professional for my ongoing care and treatment.

Signature: _____

The Hospital and Health Boards Act (2011) states that patient information may only be divulged to another health care provided if that person is directly involved in the care of the patient. Information provided in circumstances where the patient is unable to consent (for example in a case of emergency or if the patient is unconscious) will be justified on the basis of implied consent or necessity. In non-emergency situations where a person if fully conscious and able to consent, release of patient information without signed patient consent may amount to a breach of confidentiality.

Is the information required for ongoing care and treatment? ☐ Yes ☐ No

INFORMATION REQUIRED

☐ Discharge summary _____	☐ CABG (with d) _____	☐ CTPA/CTCA _____
☐ ED clinical summary _____	☐ MVR/AVR/other _____	☐ CXR/XR/other _____
☐ Psych summary _____	☐ CCR/CDR (angio) _____	☐ MRI/MRc _____
☐ Letters _____	☐ PPi/BVcdi _____	☐ U/S _____
☐ Path/Histo _____	☐ ICD check _____	☐ CT _____
☐ Gastro/Colo _____	☐ TTX _____	☐ TOE _____

Other information:

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