

METRO NORTH HOSPITAL & HEALTH SERVICE APPLICATION FOR ACCESS TO HEALTH RECORDS	For Office Use Only (Attach Patient ID Label)		
	URN:		
	Family Name:		
	Given Name(s):		
	Address:		
Date of Birth:		Sex:	M F I

SECTION 1: DETAILS OF APPLICANT: *(please print)*

It will help us locate the documents if you can provide as many details about the documents as possible, including: in what name they are held (e.g. under a maiden name); the date(s) of treatment; and where they are held (e.g. Redcliffe Hospital).

Title:	Full Name:	Date of Birth:
Name used in records: <i>Note: Please complete if records may be held under a different name than stated above, e.g. maiden name, all aliases</i>		
Postal Address:		
Suburb:		Postcode:
Telephone (H):	Telephone (W):	Telephone (M):
Email Address:		<i>Non-group email address preferred PLEASE PRINT CLEARLY</i>

SECTION 2: DETAILS OF YOUR REQUEST:

Where do you think the documents may be located?

- | | | |
|--|--|---|
| <input type="checkbox"/> Caboolture Hospital | <input type="checkbox"/> Redcliffe Hospital | <input type="checkbox"/> The Prince Charles Hospital |
| <input type="checkbox"/> Kilcoy Hospital | <input type="checkbox"/> Royal Brisbane and Women's Hospital | <input type="checkbox"/> Woodford Offender Health Service |
| <input type="checkbox"/> Oral Health: Site _____ | <input type="checkbox"/> Community, Indigenous and Subacute Services: Site _____ | |

*Please tick all sites that apply to your application – for a complete list of which acute hospitals manage each site's information requests, please refer to the [Access to Health Records Information Sheet](https://metronorth.health.qld.gov.au/about-us/information-access-privacy/accessing-health-records) available on the Metro North Hospital and Health Service website:
<https://metronorth.health.qld.gov.au/about-us/information-access-privacy/accessing-health-records>*

Please provide specific and detailed information about the documents you are seeking:

I would like access to the following subject matter or types of documents, e.g. operation report, admission records, discharge summary:
The dates I would like you to search within are, e.g. September 2016 – June 2017:
<i>Attach additional pages if necessary to fully describe the documents you are seeking</i>

SECTION 3: EVIDENCE OF IDENTITY AND AUTHORISATION OF AGENT

EVIDENCE OF IDENTITY

Before access to personal information can be given, you will need to provide certified evidence of your identity*, including change of name documents where the name on our records is different to your current name.

A copy of the identification document is attached

Evidence of Authorisation of Agent (if applicable)

If you are requesting personal information on behalf of another person, the written consent and certified evidence of identity* for that person MUST be attached.

A copy of the consent and evidence of identity is attached

Office Use Only

Identify Confirmed

Y

N

Staff member verifying identity:

* Your evidence of identity document must be certified by a Justice of the Peace or Commissioner for Declarations as a true copy of the original. If providing the evidence of identity document/s by email a colour scanned copy must be provided.

SECTION 4: PROCESSING OF YOUR APPLICATION

Depending on the contents of your records, your application may be processed under the Administrative Access to Health Record Procedure (AA) or the *Information Privacy Act 2009* (IP Act). Contents such as mental health records, child protection information and some other limited circumstances are required to be processed under the IP Act.

How long will my application take?

Information processed under AA will generally be available within 20 business days. Applications processed under the IP Act will normally be available within 25 business days. Business days do not include weekends or public holidays.

Who will process my application (separate decisions)?

Where you are seeking access to documents across more than one hospital your application will be processed by each facility unless you tell us otherwise. For example, if you apply for access to documents from Redcliffe, Caboolture and The Prince Charles Hospital, your application will be sent to each of the hospitals and you will receive three separate decisions to your application.

I agree for my application to be processed under whichever mechanism (AA or IP Act) is appropriate and agree to receive separate decisions on my application *(please cross out if you do not agree).*

SIGNED: _____

DATE: _____

SECTION 5: PREFERRED ACCESS TYPE AND DELIVERY METHOD *(tick one box in each section only)*

Access type

Electronic copy on CD
(free of charge)

Photocopy of Documents
(charges may apply)

Secure Email (via Kiteworks)
(free of charge)

Select delivery method

Registered post

Pickup by Applicant

Collection by authorised person
(please complete collection authorisation details below)



I authorise the person named below to collect records on my behalf:

Name of authorised person: _____

Address of authorised person: _____

Signature of applicant: _____

Collected by:

Signature of authorised person: _____

Initials of IAU officer releasing records: _____