

METRO NORTH HEALTH

APPLICATION FOR AMENDMENT TO PERSONAL INFORMATION

Your personal information is being collected for the purposes of processing your application to amend documents held by Metro North Health. Any personal information and evidence of identity document provided will be securely stored in accordance with the *Information Privacy Act 2009*.

SECTION 1: TYPE OF APPLICATION

This form may be used to apply to amend documents held by Metro North Health informally under the Administrative Access to Health Records Procedure (Admin Access) or under the *Right to Information Act 2009* (RTI).

Please tick ONE option only

<input type="checkbox"/> Either Admin Access or RTI <i>(Best option to avoid delays in processing your application)</i> We will attempt to process your amendment application under Admin Access however by selecting this option you agree for your application to be processed under RTI if Admin Access is not available. NOTE: Admin Access is available for health records only.	<input type="checkbox"/> Admin Access Not all amendment applications can be processed under Admin Access – clinical opinion or non-health records may need to be processed under RTI. If you select this option and we cannot process your application under Admin Access, you will receive further communication from us.	<input type="checkbox"/> RTI All applications (excluding those that fall outside the scope of the Act) may be processed under RTI. Applications for non-health records are processed under RTI. Applications for children’s records and deceased patient records are processed under RTI.
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SECTION 2: SELECT HOW YOUR APPLICATION WILL BE PROCESSED

Metro North Health has a range of services that manage records separately. There are five hospital Information Access Units (IAUs) that process applications for different services within Metro North Health.

Please select how you would like your application to be processed (select ONE option only).

<input type="checkbox"/> Process separately <i>(Best option for obtaining your information – your record amendment will be dealt with by each IAU and a decision provided as that part of your request is finished)</i> Your application may be referred to each of the hospital IAUs to process the application separately. You will receive multiple decisions that may be at different times.	<input type="checkbox"/> Process as a single application Your application will be processed by the hospital IAU most relevant to your application. Your application may be moved to another hospital IAU other than the one you sent your application to.	<input type="checkbox"/> Process only at the hospital IAU Your application will be processed only by the hospital IAU you submitted your application to and be limited only to documents held at that hospital.
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SECTION 3: DETAILS OF APPLICANT or AGENT (if applying on behalf of someone else): (please print)

Title:	Full Name:		
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, patient’s name</i>			Date of Birth: <i>Please provide the patient’s date of birth</i>
Postal Address:			
Suburb:			Postcode:
Telephone (H):	Telephone (W):	Telephone (M):	
Email Address: <i>Note: If an email address is not provided at the time of the application, an additional 5 business days is added to the RTI processing timeframe to allow for postage to your physical address.</i>			

SECTION 4: DETAILS OF THE AMENDMENT 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"/> Surgical, Treatment and Rehabilitation Service (STARS) | | |
| <input type="checkbox"/> Kallangur Satellite Health Centre | <input type="checkbox"/> Caboolture Satellite Health Centre | <input type="checkbox"/> Bribie Island Satellite Health Centre |

Community and Oral Health Services:

- | | |
|--|---|
| <input type="checkbox"/> Oral Health: Site _____ | <input type="checkbox"/> Community Services: Site _____ |
|--|---|

Please tick all sites that apply to your application – for a 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>

Criteria required for a valid amendment application

Have you had access to the document?	<input type="checkbox"/> Yes (Please provide a copy or detailed description of the documents to amend) <input type="checkbox"/> No (Please apply for access to the document before seeking amendment)
Please describe the document you are applying to amend.	
Is the information <input type="checkbox"/> Inaccurate <input type="checkbox"/> Incomplete <input type="checkbox"/> Out of Date <input type="checkbox"/> Misleading	How is the information inaccurate, incomplete, out of date or misleading?
Inaccurate or Incomplete information	What amendments are necessary for the information to be accurate?
Incomplete or Out of Date information	What amendments are necessary for the information to be complete or to bring it up to date?

Please attach copies of the documents, supporting evidence and any other information to enable a decision to be made (if required).

SECTION 5: EVIDENCE OF IDENTITY AND AUTHORISATION OF AGENT

EVIDENCE OF IDENTITY		Evidence of Authorisation of Agent (if applicable)	
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.		If you are requesting personal information on behalf of another person, the written consent or legal authority document MUST be attached, e.g. birth certificate for child naming parental relationship, written consent, court order.	
<input type="checkbox"/> A copy of the certified* identification document is attached		<input type="checkbox"/> A copy of the consent or authority is attached	
Office Use Only	Identify Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N	Staff member verifying identity:	

*Your evidence of identity document must be certified by a Justice of the Peace, Commissioner for Declarations, Lawyer or Notary Public or Pharmacist as a true copy of the original if the original document is not provided in person. If providing the evidence of identity document/s by email a **colour scanned copy** must be provided.