Metro North Health

APPLICATION FOR ACCESS TO RECORDS

Privacy Notice: We need to collect your personal information for the purpose of processing your request to access documents held by Metro North Health. Personal information and evidence of identity documents provided are stored securely and will only be used or disclosed in accordance with the Information Privacy Act 2009 (Qld).

HOW TO APPLY: Complete this form to apply for health records held by Metro North Health under the Administrative Access to Health Record Procedure (Admin Access) **or** under the *Right to Information Act 2009* (RTI Act).

SECTION 1 – WHO IS APPLYING

Title:	**Full Name:**
Postal Address:	
Suburb:	**Postcode:**
Telephone (preferred):	**Telephone (other):**
Email (please print clearly):	

SECTION 2 – REQUEST DETAILS

Name of Patient (include all names used e.g., alias, maiden name):	**Patient Date of Birth:** ___ / ___ / _____ DD MM YYYY

If you are requesting another person's records, what is their relationship to you (e.g., child, client):

Where are the documents located?

Please tick all sites that apply to your request – for a complete list of which acute hospital manages what site's information, please refer to the Access to Health Records Information Sheet available on our website: https://metronorth.health.qld.gov.au/about-us/information-access-privacy/accessing-health-records

Hospitals:

☐	Caboolture Hospital	☐	Redcliffe Hospital	☐	The Prince Charles Hospital
☐	Kilcoy Hospital	☐	Royal Brisbane and Women's Hospital	☐	Woodford Offender Health Service
☐	Surgical, Treatment and Rehabilitation Service (STARS)				

Satellite Health Services:

☐	Kallangur	☐	Caboolture	☐	Bribie Island

Community and Oral Health Services:

☐	Oral Health: Site_____	☐	Community Services: Site _____

What type of documents do you need?

Please tell us the **specific information** you are requesting, e.g., operation reports, test results or if you require all of your medical records you can write 'complete medical record' or similar:

Please tell us the **specific dates** of records you are requesting, e.g., September 2016 – June 2017 or if you require from a certain date you can write 'from 01/10/2000 to date' or similar:

Attach additional pages (if necessary) to fully describe the documents you are seeking

SECTION 3 – RECEIVING THE DOCUMENTS

What access type would you like for the documents? ***Only choose* <u>ONE</u> *option***	
☐ Electronic A4 copies via secure email - **free of charge**	☐ Printed A4 paper copies - **charges may apply**
☐ Electronic A4 copies on CD/DVD - **free of charge**	☐ Medical imaging (images) - **charges may apply**
How do you want to receive the documents? ***Only choose* <u>ONE</u> *option***	
☐ Secure email (secure file transfer via Kiteworks)	☐ Registered Post via Australia Post - **your email address and phone number may be provided to Australia Post to meet postal requirements**
☐ Pickup by applicant	☐ Collected by another person - **enter authorised person's name below**

Who do you authorise to collect the document:

SECTION 4 – PROCESSING YOUR APPLICATION

Depending on the type of records requested, your application will be processed under Metro North Health Administrative Access to Health Records Procedure. Contents such as mental health records, child protection information, incident reports and some other limited circumstances, may mean that your application needs to be processed under the RTI Act.

Please Note: If you have requested information from multiple services in Section 2, your request will be processed separately by each hospital unless you tell us otherwise when making your application.

SECTION 5 – TIMEFRAMES TO COMPLETE YOUR REQUEST

Admin Access applications: Metro North Health aims to complete these requests within 20 *business days however this is not a mandatory, legislation timeframe.

RTI Act applications: These requests are normally processed within 25 *business days, subject to provisions under the RTI Act.

*Please note that business days do not include weekends or public holidays.

SECTION 6 – 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 (dated within the last 12 months) or legal authority document MUST be attached, e.g., birth certificate for child naming parental relationship, written consent, court order, etc.
☐ Copy of **certified*** identification document attached	☐ Copy of the consent or authority attached

Office Use Only	Applicant's Identity Confirmed	☐ Y	☐ N	Staff member verifying documents:	
	Agent's Authority Confirmed	☐ Y	☐ N		

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 you are not making the application in person. If emailing evidence of identity document, a **colour scanned copy of the original certified identification document must be provided.*

Signature: _____ **Date:** _____