UnitingCare

REQUEST TO ACCESS HEALTH RECORDS

SECTION 1: Patient Details		
Title:	Full Legal Name:	Date of Birth: ____/_____/_____
Name/s used in records: *Complete if records may be held under a different name than stated above, e.g. maiden name, all aliases*		
Residential Address:		
Suburb:		Postcode:
Home Ph:	Work Ph:	Mobile Ph:
Email Address:		

SECTION 2: Applicant Details - *Complete this section if you are **NOT** the patient*		
Title:	Full Legal Name:	Date of Birth: ____/_____/_____
Relationship to Patient *(please tick one)*		
☐ Parent or Guardian	☐ Next of Kin	☐ Enduring Power of Attorney
☐ Executor of Will or Administrator of Estate	☐ Other – *please specify*	
Residential Address:		
Suburb:		Postcode:
Home Ph:	Work Ph:	Mobile Ph:
Email Address:		

SECTION 3: Request Details	
What personal information does the applicant require access to? *Please provide specific and detailed information about the documents and/or information the applicant is seeking*	
☐ **Complete Health Record**	
☐ **Partial Access** – *please specify details below*	
☐ Discharge Summary	*Specify dates:*
☐ Operation Report	*Specify dates:*
☐ Investigation Results	*Specify dates:*
☐ Other	*Please specify:*
☐ **Summary of Information**	*Please specify:*
Please provide below any additional information that may assist with processing the request:	
Where are the health records / documents located?	
☐ Buderim Private Hospital	☐ St. Andrew's War Memorial Hospital
☐ St. Stephen's Hospital	☐ The Wesley Hospital
When is access required by? *Requests to access health records will be processed within **30 calendar days**. Please advise if the applicant requires the information urgently and/or by a specific date.*	
☐ This is an urgent request	Requested information is required by this date: ____/_____/_____

UnitingCare

REQUEST TO ACCESS HEALTH RECORDS

SECTION 4: Evidence of Identity

Requests to access personal information contained within health records must be accompanied by evidence of the patient's and/or applicant's identity and authority. Please confirm that the applicant has provided the necessary documents with this request by completing the following section.

The applicant is applying for access to:	The applicant has provided an appropriate copy of the following documents with this request (please tick):
My own health records	☐ Certified identity document
A child's health records	☐ Certified identity document ☐ Certified birth certificate (child) ☐ Certified court orders for guardianship of, or access rights to, the child
A relative/next of kin's health records	☐ Certified identity document ☐ Enduring Power of Attorney **and** sufficient evidence of the patient's loss of capacity (i.e. Medical Report or declaration from QCAT) ; **OR** ☐ Signed consent (patient) **AND** ☐ Certified identity document (patient)
A deceased person's health records	☐ Certified identity document ☐ Certified Grant of Probate or Will & statement **OR** ☐ Certified Grant of Letters of Administration or renunciation of other Administrator/s & statement

SECTION 5: How would the applicant like to receive the requested health records?

☐ **Electronically via email**

Specify email address:

☐ **Registered Post** (costs may be incurred by applicant)

Specify postal address:

☐ **In person** – collection from UnitingCare Hospital (costs may be incurred by applicant)

Specify Hospital:

SECTION 6: Authorisation and acknowledgment of costs

☐ I confirm that I am duly authorised to be making this request to access the patient's health records.

☐ I authorise this request to be processed in accordance with the *Privacy Act 1988* (Cth), the law and UnitingCare Queensland Limited's policies and procedures.

☐ I acknowledge there may be a cost involved to access the requested information, that I will be notified of the cost and that payment is required prior to release of the requested health records.

Print name:	Signature:	Date: ____/_____/_____

SECTION 7: Returning this request

Please email, post, or return the completed request form and supporting evidence in person to the Privacy Office or Main Reception at the Hospital where the health records are located.

Buderim Private Hospital	St. Andrew's War Memorial Hospital
Email: bph.infoaccess@uchealth.com.au **Address:** 12 Elsa Wilson Dr, Buderim QLD 4556 **Postal Address:** PO Box 5050, Maroochydore BC QLD 4558	**Email:** SAWMH.InfoAccess@uchealth.com.au **Address:** 457 Wickham Tce, Spring Hill QLD 4001 **Postal Address:** GPO Box 764, Brisbane QLD 4001
St. Stephen's Private Hospital	**The Wesley Hospital**
Email: SSH.HIS@uchealth.com.au **Address:** 1 Medical Pl, Urraween QLD 4655 **Postal Address:** PO Box 1558, Hervey Bay QLD 4655	**Email:** twh.medicolegal@uchealth.com.au **Address:** 451 Coronation Dr, Auchenflower QLD 4066 **Postal Address:** PO Box 499, Toowong QLD 4066