

Application to Access Medical Information

APPLICANT (MUST BE 16 YEARS OF AGE OR OLDER)

Surname		Title & First Names	
Previous Name		Date of Birth	
Address			
Suburb		Postcode	
Telephone		Mobile	

DETAILS OF PATIENT/CLIENT (If different from Applicant)

Surname		Title & First Names	
Previous Name		Date of Birth	
Address			
Suburb		Postcode	
Contact Number		Relationship to Applicant	

AUTHORITY FOR ACCESS

✓	PLEASE SELECT	PLEASE ATTACH APPROPRIATE EVIDENCE AS MENTIONED BELOW
	I am Patient	(1) Photographic proof of Identity (e.g. Passport or Driving licence)
	I am Parent / Guardian	(1) Photographic proof of Identity (e.g. Passport or Driving licence) and (2) Proof of address and (3) Proof of parental responsibility (Child Birth Certificate, etc.)
	I have authority to act on behalf of the patient <i>(N/A if patient is deceased)</i>	(1) Written consent from the patient or (2) Power of attorney for health & welfare or (3) Guardianship
	I am the deceased patient's personal representative	(1) Copy of the Will naming you as executor or (2) Solicitor's letter granting executor status or (3) Grant of probate

Please note this application will not be considered unless all relevant documents are attached. All documents are treated as confidential and non-returnable.

Approved by: GM Adelaide

UNCONTROLLED WHEN PRINTED

REASON FOR THE REQUEST
FORM OF ACCESS
☐ **Full copy of Record** (Please select format)

Hard copy (Photocopy)

Softcopy on USB

Emailed / Via Secure Link

☐ **Partial copy of Record** (Please specify documents)

(E.g. Admission/ Discharge details for a specific date range, Operation reports, Pathology, Progress notes etc.)

FEES & CHARGES

Please note there are fees / costs associated with this application. By signing the form below this is in acknowledgement of accepting these fees/costs. You will be notified of the total cost before the application will be processed. All fees are payable prior to release of record.

Application Fee	\$39.00
Application Fee (Lawyers/ Insurance Co.)	\$72.00
Postage & Handling (inner Metro Adelaide)	\$16.00
Postage & Handling (Interstate /Overseas)	\$42 - \$125
Photocopying / Scanning	\$00.50/ A4 copy (Double sided) \$01.00 / A3 copy & ICU Chart
Priority Processing	\$60.00 + Application Fees

RECORD RELEASE

Indicate the preference to how the record is to be released at completion.

☐ Posted (Ordinary Post) ☐ Couriered (Fees as applicable) ☐ Collect / Review on site Emailed

Please note all requests will be processed in order of receipt, however records will be available within a maximum of 30 days from date of receipt of the application. In the event that you wish to collect your record in person, or someone on your behalf, identification will be required prior to release. Completed application form can be emailed to sa-cah-mr@calvarycare.org.au for processing.

Signature

Date

Approved by: GM Adelaide

UNCONTROLLED WHEN PRINTED