ACT Government | Canberra Health Services

Call 131 450 for a free interpreter.

Patient request to access Health Records

Please complete relevant sections and sign patient consent on page 2

Fees apply to ***all*** requests – see over for further details or Phone (02) 6244 2124 Option 2

Patient Details (one patient per form)				**URN:** (Office use only)
Surname:		Given Names:		
Maiden/ Previous Surname:			Date of Birth:	Sex:
Address			Suburb	
State	Postcode	Phone	Mobile	
Medicare No.		Pension No. (For 50% discount*)		

Requestor (if different to Patient)			
Surname:		Given Names:	
Address			Suburb
State	Postcode	Phone	Mobile
Pension No. (For 50% discount*)			

Type of Access	**Viewing access only (no copies required) - To be completed by applicant**
☐ View record Fee = $15.20*	☐ I would like to view my record for a fee of $15.20 (See over for more details regarding fees to view record) Please specify which facility you attended: ☐ Canberra Hospital ☐ Woden Valley Hospital ☐ Royal Canberra Hospital ☐ Community Health ☐ Mental Health Please specify what you would like to view: ☐ Attendance on or from ____/_____/____ ☐ Entire Record ☐ Records from a specialised Unit e.g. Child at Risk, Dental, Foetal Medicine, Radiation Oncology, Sexual Health. Please Specify: _____ Please sign consent on page 2
☐ Printed Copies Fees start at $41.70*	**Printed Copies - To be completed by applicant** ☐ I would like copies of my record for a fee of $41.70 for first 50 pages, then 35c for each additional page Please specify which facility you attended: ☐ Canberra Hospital ☐ Woden Valley Hospital ☐ Royal Canberra Hospital ☐ Community Health ☐ Mental Health Please specify what you would like copies of: ☐ Entire Record ☐ Summary Documents only (e.g. Discharge Summaries, Operation Reports) ☐ Specific sections only e.g. ☐ Inpatient records ☐ Outpatient records ☐ Emergency Dept records ☐ Community-based Services ☐ Other (please specify) _____ ☐ Part record from _____/_____/_____ ☐ Exclude Observation charts ☐ Exclude Pathology ☐ Records from a specialised Unit. Some records are kept separate to the main hospital record. e.g. Child at Risk, Dental, Foetal Medicine, Radiation Oncology, Sexual Health etc. Please Specify: _____Please sign consent on page 2
☐ Specific Information Fee = $59.18 (Inc GST) (pensioner discount not applicable)	**Specific Information - To be completed by applicant** ☐ I would like specific information for a fee of $59.18 ☐ Statement of attendance _____/_____/_____ or ☐ Medical Certificate for _____/_____/_____

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☐ Time of Birth Fee = $59.18 (inc GST) (pensioner discount not applicable)	**Time of Birth (only) - To be completed by applicant** ☐ I would like a search conducted to obtain my exact Time of Birth for a fee of $59.18 or ☐ I would like to obtain the exact Time of Birth for my children (under 16 yrs) for a fee of $59.18 per child Name of Child _____ Date of Birth____/____/_____ Name of Child _____ Date of Birth____/____/_____ For additional times of birth, please provide a list of children's details as per above

Authority to access records - To be completed by applicant

I am authorised to access the record because *(Please tick whichever is applicable)*

- ☐ I am the patient
- ☐ I have the patient's/parent's/guardian's written consent (see below)
- ☐ I am the patient's next of kin *(Only applicable where the patient is a minor (under 16), or where the patient is deceased with no Will)*
- ☐ I am the Legal Guardian, Executor of the Will or have a Power of Attorney *(Please attach evidence)*

Patient/Parent/Guardian's written Consent - To be completed by applicant

I hereby authorise the release the information specified above to the requestor named on this form.

Signature: _____ **Print Name:** _____ **Date:** ___/____/____

Relationship to the patient: _____

Are there any Guardianship/Parental Responsibility Orders currently in place? ☐ No ☐ Yes *(Please supply copies)*

More information

Return completed form to	Fax to (02) 6244 3316	or scan and email to ClinicalRecords.MedicoLegal@act.gov.au	or post to Clinical Record Service Canberra Hospital PO Box 11 WODEN ACT 2606
	Please attach copy of ID, and written consent if applicable		
Enquiries	Phone (02) 6244 2124 - Option 2 Or email your question to ClinicalRecords.MedicoLegal@act.gov.au NB Not all records are stored on-site. Please allow up to 4 weeks for processing.		

Fees

As determined by the ACT Government

The fee for printed copies will be based on the number of pages in the record and will be calculated after the request is received. You will be sent an invoice advising the cost.

Payment is required prior to despatch of documents (Allow up to 4 weeks for processing)

Fees

Photocopy/printed copies of record	=	$41.70 for 50 pages, then 35c per additional page*
Time of Birth / Medical Certificate / Attendance dates	=	$59.18 (Inc GST)
View access only (without copies or explanation)	=	$15.20 *

Note

- ** Pension/Health Care Card 50% discount is only applicable for requests by **Patients** to access their own record – Please supply copy of Pension or Health Care Card (Refer to Disallowable instrument DI2015-294)*
- *Discount not applicable for 3rd party requests e.g. solicitors, insurance companies or Time of Birth/Medical Certificate (Refer to* Disallowable instrument DI2016-73)
- *If payment of fee will cause undue financial hardship, provide written justification to support waiving of fees*
- *Access to view with explanation will require a Doctor's Appointment. Additional Consultation fees may apply*

Office Use Only

ID sighted ☐ Staff Member Initials: _____

Written Consent ☐ Checked (attached if applicable) ☐ N/A

Guardianship/ Power of Attorney/ Legal Guardian/ Executor of Will documents ☐ Attached ☐ N/A

What has been released? _____

Number of pages provided: _____

Amount charged: _____ ☐ Discharge Summary only ☐ Radiology Report only

Actioning Staff Member: _____