

Application for Administrative Access to Health Records

It will help us locate the documents without unnecessary delays if you can provide as many details about the documents as possible, including: in what name they are held (e.g. under a maiden name); the date(s) of treatment; and where they are held, e.g. Toowoomba Hospital, etc.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: M F I

Details of applicant *(print)*

| | | |
|--|------------------|-----------------------|
| Full name: | | Date of birth: |
| Name used in records: | | |
| <i>(If requesting records on someone's behalf** (authorisation required) or records are under a different name than stated above, i.e. maiden name, all aliases)</i> | | |
| Postal address: | Suburb: | Postcode: |
| Phone: <i>(Home)</i> | <i>(Mobile):</i> | Email: |

Details of request: I request access to the following

| Location of documents: | Forms* and/or certificates |
|--|--|
| <input type="checkbox"/> Baillie Henderson Hospital <input type="checkbox"/> Cherbourg Hospital <input type="checkbox"/> Chinchilla Hospital <input type="checkbox"/> Dalby Hospital <input type="checkbox"/> Goondiwindi Hospital <input type="checkbox"/> Ingelwood Multipurpose Health Service <input type="checkbox"/> Jandowae Hospital <input type="checkbox"/> Kingaroy Hospital <input type="checkbox"/> Miles Hospital <input type="checkbox"/> Millmerran Multipurpose Health Service <input type="checkbox"/> Mt Lofty Heights Nursing Home <input type="checkbox"/> Other: <i>(specify)</i> | <input type="checkbox"/> Standard <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Centrelink <input type="checkbox"/> MVA CTP Certificate <input type="checkbox"/> Victims Assist <input type="checkbox"/> Attached <i>* Fees may apply for completion of forms</i> |
| <input type="checkbox"/> Murgon Hospital <input type="checkbox"/> Nanango Hospital <input type="checkbox"/> Oakey Hospital <input type="checkbox"/> Stanthorpe Hospital <input type="checkbox"/> Tara Hospital <input type="checkbox"/> Taroom Hospital <input type="checkbox"/> Texas Multipurpose Health Service <input type="checkbox"/> Toowoomba Hospital <input type="checkbox"/> Wandoan Outpatients Clinic <input type="checkbox"/> Warwick Hospital <input type="checkbox"/> Wondai Hospital | Document type: <input type="checkbox"/> Inpatient hospital notes <input type="checkbox"/> Outpatient notes <input type="checkbox"/> Community Health notes <input type="checkbox"/> Dental notes <input type="checkbox"/> X-rays; MRI scans, etc. <i>(fees apply)</i> <input type="checkbox"/> Laboratory reports <input type="checkbox"/> Other: <i>(specify below)</i> |

Other:

Approximate dates of records/relevant attendance:

Email to me or my GP/Specialist: **Date required by** ▼

Disc

Preferred access type: *(tick one)* Electronic copy on CD Secure email *(appointment date)*

Evidence of identity

Before access to personal information can be given, you will need to provide proof of identity *(see over for acceptable forms of ID)*

A copy of the identifying document is attached? Yes No

Evidence of authorisation *(if applicable)*

If you are requesting personal information in respect of another person, the written consent of that person **must be attached.

A copy of this consent is attached? Yes No

Signed: _____ **Date:** _____

| | |
|-----------------------|---|
| STAFF USE ONLY | Identity confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Staff name: _____ |

Administrative Access to Health Records Checklist

Ensure the following points are completed, as this will assist us in the processing of your application.

- Completed all personal details – name, date of birth and any aliases
- Contact details – phone number/s, postal address, email
- Hospital or Health Service where records are located – See our website for a list of facilities at:
<https://www.health.qld.gov.au/services/darlingdowns>
- Specified documents required – tick relevant boxes or write, e.g. operation notes, medications, etc.
- Relevant dates stated – approximate dates of treatment or attendance
- GPs details – name and medical practice, e.g. Dr Smith at Healthy Medical Centre
- Date required by – to ensure documents are received before they are needed, i.e. before your appointment
- Preferred access type – CD or email. Documents will be supplied via email unless otherwise indicated.

Evidence of identity and consent

To protect privacy, appropriate evidence of identity and authorisation is required before we can provide access to personal documents. The following identity documents are required when requesting.

| | |
|--|--|
| <input type="checkbox"/> Your own information | Proof of your own identity, i.e. driver's licence, Medicare card, birth certificate |
| <input type="checkbox"/> You child's information (parent or guardian) | Proof of your identity, and any other document that establishes a parental relationship or guardianship of the child, i.e. Medicare card, birth certificate |
| <input type="checkbox"/> A family member or friend's information | Proof of your identity, proof of the other persons identity, and their written authorisation permitting you to seek access to their information on their behalf |

Copies of identity documents **must be certified by a Justice of the Peace, or Commissioner for Declarations.**

For more information regarding proof of identity documents and authorisations, see our website or contact the Darling Downs Information Access Unit before you submit your application.

Returning your application

| | |
|---|--|
| <input type="checkbox"/> By post | Enclose your completed application, a certified copy of your ID, and if requesting information on someone else's behalf, the written consent and certified ID of that person. |
| <input type="checkbox"/> In person | Bring in your ID to be sighted, and any other documents you may require, to the Information Access Unit, Health Information Services, Level 2, Emma Webb Building, Toowoomba Hospital. |
| <input type="checkbox"/> Via email | Completed application can be emailed to the address below. A clear, scanned copy (PDF/JPG) of the required certified documents must be included with the application. |

Applications cannot be faxed, as a clear identifiable copy of the certified documents is required to be supplied when not making an application in person.

Documents are normally available within 15 working days after receipt of a valid application.

If you require any assistance with the completion on this application form, please do not hesitate to contact the **Darling Downs Information Access Unit:**

Phone: (07) 4616 6780

Email: DDInfoAccess@health.qld.gov.au

Website: <https://www.health.qld.gov.au/services/darlingdowns>

Alternatively, please contact your local health service.