THE BAYS

# REQUEST TO ACCESS A PATIENT RECORD

Patient's name: _____Patient's date of birth: ____/____/____

**1. Name of applicant:** _____

*If the patient is incapable of giving or communicating consent, health information may be provided to a responsible person as defined by the Health Records Act 2001

**2. What is your relationship to the patient?**

- ☐ Self
- ☐ Parent
- ☐ Guardian
- ☐ Enduring Power of Attorney
- ☐ Medical Treatment Decision Maker under the Medical Treatment Planning & Decisions Act 2016
- ☐ Administration under the Guardianship & Administration Act 2019
- ☐ Executor of the Will or administrator of the estate
- ☐ Probate of the Will (Administration & Probate Act 1958)

Please provide photocopied proof of authorisation to access patient information prior to this request being processed (e.g. Drivers Licence for self, Enduring power of attorney paperwork etc.)

**3. Outline the specific nature of information required, including admission date/s:**

_____

_____

_____

**4. Applicant's contact details:**

a) Email address: _____ Phone number: _____

b) Address: _____

_____ State _____ Postcode _____

**5. How do wish to receive this information?**

- ☐ View information at the hospital
- ☐ Electronic copy sent via Dropbox

Important Note: Costs may be incurred in the provision of these documents. Should there be associated costs, an invoice will be provided and payment will be required prior to release of the documentation.

I consent to the release of the information requested above and that I have legal authorisation to access this information.

Date: _____ Signature of applicant: _____

Return completed form to:
HIS@thebays.com.au or PO Box 483, Mornington 3931, Attn. Health Information Manager