



# Application for Access to Health Care Records

## Details of client whose record is requested

Family name \_\_\_\_\_ Title \_\_\_\_\_  
 Given names \_\_\_\_\_ Date of birth     /     /  
 Previous names \_\_\_\_\_  
 Residential address \_\_\_\_\_  
 Postcode \_\_\_\_\_ Phone. Home: \_\_\_\_\_ Work: \_\_\_\_\_ M: \_\_\_\_\_

## Details of Third Party applicant (if client is not the applicant)

Please tick

- As above, continue to "Details of Request"**
- Request relates to the documents of another person, please complete the following:**

Name \_\_\_\_\_  
 Relationship to patient \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postcode \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ M: \_\_\_\_\_

## Details of request

**Name of facility to which request is made** \_\_\_\_\_  
 Dates or period of attendance for which records are required \_\_\_\_\_  
 Describe clearly the documents required \_\_\_\_\_  
 \_\_\_\_\_

## Form of access

- I wish to view the documents (payment is not required).**  
For VIEWING ONLY of documents, the Health Information & Record Service will arrange an appointment for you.
- I require a copy of the documents.**  
A copy of all or part of a healthcare record costs **\$33** plus 40 cents **per each printed side of the page** in excess of 80 pages.  
A 50% reduction in the application fee is available if applicant holds a pension or health care card.

*You will be advised in advance if there are any additional charges. (Please refer to 'Fees and Charges' on the back of this form.)*

## Payment /Collection method

- I request a 50% reduction in the application fee and have provided supporting documents to qualify for this** (ie. pension card or health care card).
- My cheque/money order/receipt for the application fee is enclosed.**  
Cheques/Money Order should be made payable to the appropriate Facility. \$33 or \$16.50 (with supporting documents)

**Please indicate how you would like to receive the documents:**

- Please mail to the address above (**No responsibility is taken for lost documents**)
- Please notify me when they are ready for collection.

**NOTE:** Do not send cash through the post. Please contact the relevant facility for payment options.  
**FULL PAYMENT IS REQUIRED BEFORE DOCUMENTS ARE PROCESSED AND RELEASED**

**I, the client hereby request** \_\_\_\_\_ **to release Health Information about me**  
(insert name of healthcare facility)  
**to \*myself/the third party applicant.**

*\* Cross out whichever does not apply*

**Client's Signature** \_\_\_\_\_ **Date:**     /     /

**Applicant's Signature** \_\_\_\_\_ **Date:**     /     /

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## Information for applicants (Client and/or Third Party)

**NOTE: This application is for documents at the nominated facility only. If documents are required from multiple facilities within the Nepean Blue Mountains Local Health District, a separate application and fee is required to be lodged at each facility.**

Please try to provide as much detail as you can to help us identify the documents you require. Your request will be processed within **21 working days AFTER receipt of fee, identification, and any additional fees.**

### Third Party Access

**NOTE:** If you are requesting another person's health care record, this person must sign this form and provide some identification in addition to the applicant. In the event that the person is deceased, the applicant must have the consent of the executor of the estate and/or the appropriate next of kin. Proof of this relationship will be required.

### Fees and Charges

Under the NSW Health Department Policy Directive 2006\_050 and NSW Health IB2014\_054 the charge for providing a copy of the health care record, or part thereof, to a maximum of 80 pages, is \$33. This charge includes search fee, photocopying, labour costs, administrative charges and postage. Records which must be recalled from Archival storage may incur an additional fee. All charges are inclusive of GST.

**Provision of a copy of a health care record in excess of 80 pages will be charged at an additional 40 cents per each printed side of the page. (Applicants will be informed of any additional costs and balance must be paid prior to processing and release of the documents).**

**Acceptable forms of identification:** (Please don't send originals in the mail).

Your identification must consist of:

**Either:**             Passport

**Or: - 1 from column A and 2 from column B.**

#### A

- Citizen Certificate
- Current driver's licence or other identification issued by RTA
- Public Service ID (photo)
- Employment ID (with photo)
- Social Security card (photo)
- Tertiary Education ID (photo)
- Credit card (photo)

#### B

- Birth Certificate or other identification issued by Registry of Births Deaths and Marriages
- Pension card No: \_\_\_\_\_
- Employment ID (without photo)
- Medicare card
- Credit/Debit cards, Passbooks
- Utility bills
- Healthcare card
- Membership card - Educational Institutions, Union Trade, Professional bodies

**For further information please contact the Health Information and Record service at the relevant facility as listed below:**

**Blue Mountains and Springwood Hospital**  
**Health Information and Record Service**  
 Locked Bag 2  
 Katoomba NSW 2780  
 Phone: 4784 6542

**Penrith, Cranebrook, St Marys, St Clair, Lemongrove CHC**  
**Penrith Community Health Centre**  
 Soper Place  
 Penrith NSW 2750  
 Phone: 4732 9400 Fax: 4732 9463

**Nepean Hospital**  
**Health Information & Record Service**  
 PO Box 63 Penrith NSW 2751  
 Phone: 4734 2591 Fax: 4732 3752

**Community Mental Health Records**  
**Penrith Community Health Centre**  
 Phone: 4732 9450 Fax: 4732 9463

**Springwood, Lawson, Katoomba, Lithgow CHC**  
 Normic Avenue  
 Blaxland NSW 2774

**Lithgow Hospital**  
 Col Drewe Drive  
 Lithgow NSW 2790  
 Phone: 6350 5347 Fax: 6350 2339

**Office use only**            **H.R.N** \_\_\_\_\_ Date received:    /    /            Due: \_\_\_\_\_

Fee paid: \_\_\_\_\_ Receipt no: \_\_\_\_\_ Additional Fee: \_\_\_\_\_ Receipt no: \_\_\_\_\_

Calculation of additional fee: \_\_\_\_\_

ID provided:    Yes    No   Sighted by: \_\_\_\_\_ Consent from client:    Yes    No    Not applicable

Drivers licence number: \_\_\_\_\_ Medicare number: \_\_\_\_\_

View record only:    Yes    No   Date:    /    /            Supervised by: \_\_\_\_\_

Details of documents provided to applicant: \_\_\_\_\_

Signature on pick up: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date completed:    /    /

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