

## Access Application

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Please complete this form to apply for formal access to clinical information held by HealthWISE New England North West. The application process complies with the *Health Records and Information Privacy Act 2002*, *Information Privacy Act 2009(Qld)* and *Health Records and Information Privacy Regulation 2017*.

If the application relates to a child and the applicant is the non-custodial parent or if the application is for records of a client who is known to be deceased, the decision to provide the information will be reviewed by the appropriate Executive Manager and legal advice may be sought.

If you wish to transfer your medical records/ care-plan directly to a new healthcare provider, you do not need to complete this process. Request this via your HEALTHWISE New England North West healthcare provider.

**If you need assistance to complete this form, please discuss with your clinician or contact the Integrated Care Manager on (02) 6792 5514.**

## Your Details

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Surname \_\_\_\_\_

Title: Mr / Mrs / Ms

Other Names: \_\_\_\_\_

DOB: \_\_\_\_\_

Current Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Has your address changed since you received the healthcare service?

If so, what was it? \_\_\_\_\_

Email: \_\_\_\_\_

- I agree to receive correspondence at the above email address. I am aware of and accept the risks associated with information exchanged via email.

## Application for Child

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Child's Surname \_\_\_\_\_ Other Names: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## Proof of Identity

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When seeking access to personal information, an applicant must provide proof of identity in the form of a *certified copy* of any one of the following documents:

- Australian Driver’s Licence  Current Australian Passport  
 Other proof of signature and current address details

## Information Requested

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Please describe the information that you would like to access in enough detail to allow us to identify it.

Please note: If insufficient details are provided, HEALTHWISE New England North West may refuse to process your application.

Location where service was provided \_\_\_\_\_

Name of clinician providing the service \_\_\_\_\_

Type of service provided \_\_\_\_\_

Referring GP/health provider \_\_\_\_\_

Other information

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**Please note: If you are applying for access to your records for legal matters please be advised that your legal representative should make application for your records or records can be subpoenaed via the courts.**

## Form of Access

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How do you wish to access the information?

- Inspect the document (s)  A copy of the document(s)
- Access in another way (please specify)
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## Fees and Charges

I attach payment of the \$100 administration fee by cash / cheque / money order (circle one). Processing **cannot** commence until this fee is paid. Please don't send cash by post.

A **50% reduction** in the fee and processing charges may apply where:

- The applicant holds a Pensioner Health Benefit Card, or
- Is able to demonstrate financial hardship.

If you consider that you are entitled to a reduction in the administration fee, please provide a copy of supporting document/s.

If additional administration fees are required to cover the processing of your request, you will be contacted before we proceed. If your request for clinical information is declined, your initial administration fee will be reimbursed in full.

## Lodging your Application

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You may lodge your application at any HealthWISE New England North West Office or post to:

Privacy Officer  
HealthWISE New England North West  
PO Box 1916  
TAMWORTH 2340

## Consent

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The Right to Information Act (2009) requires an agency to consult with third parties when considering the potential release of information regarding their personal affairs. If we are required to consult with other people about your application, we need to obtain your consent to disclose that you are an applicant for access to the healthcare record. .

- I consent to my application being disclosed to third parties during the application process.

## Applicant's Signature

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I declare that I have made this application on my own (or my child's) behalf. I have enclosed an administration fee of \$100. I understand that I may be required to pay further administration fees in relation to the extent of my application, and that a quote for these fees (if applicable) will be provided prior to the application being processed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Further information regarding the Health Records and Information Privacy Act 2002 and the Health Records and Information Privacy Regulation 2017 can be accessed via [www.ipc.nsw.gov.au](http://www.ipc.nsw.gov.au) . For further information regarding the Information Privacy Act 2009(Qld) please visit [www.health.qld.gov.au](http://www.health.qld.gov.au)