

Application for Access to Patient Health Record (Health Records and Privacy Act 2002)

Applicant Name _____

Postal address for correspondence and documents

Postcode _____

Phone number (H) _____ (W) _____ (M) _____

Applicant Signature _____ Date _____

Information Request Details

Patient Full Name _____ Date of Birth _____

Clinic attendance dates/ condition treated _____

Information requested :

- Summary of presenting condition and treatment provided (suitable to send to another practitioner who will be taking over your care, or to keep for your records)

or

- Copy of clinical progress notes (please note, contains abbreviations only relevant to osteopaths. Will be difficult to understand for others)

Medical imaging reports are available from the medical imaging provider.

Two forms of identification are required. Please attach copies of two of the below items to your application

Current Australian Driver's Licence Birth Certificate Pensioner's Card

Health Care Card Current Passport Medicare Card

A \$30 fee is associated with the cost of accessing, preparing and mailing the patient record.

Payment must be made prior to the record being provided. Payment can be made by direct deposit to Kirrian Steer BSB 082991 Account number 214669877 at the National Australia Bank, or by cheque made out to Kirrian Steer and mailed with the application.

Please mail all application documents to PO Box 655 LAVINGTON NSW 2641 or email to admin@borderoste.com.au

Your request will normally be completed within 21 days and you will be contacted if there will be a delay.