

Please fill in all details. Privacy legislation states that the practice has 20 working days to respond to your request. Please note that if you or your representative will be picking up the medical records you will need to show photo ID e.g. passport or drivers licence. If a representative is requesting medical records on your behalf, there will need to be a signed authority from the patient that they are able to do so. Notes from overseas cannot be requested.

**PERSONAL DETAILS**

Patient's name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone number \_\_\_\_\_

NHI number \_\_\_\_\_

Please complete all the fields above. You will be contacted on the number you provide to pick the records up when they're ready.

**MEDICAL RECORDS YOU REQUIRE**

Please tick the relevant field below to ensure that your request is able to be processed. If your requirements are not specified we will not be able to complete your request.

I need to uplift my file from Silverstream Health Centre

I am moving overseas    Yes     No

I require a full copy of all medical information on my file

I require a copy of medical information on my file relating to the following treatment or condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Date to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I do not wish to disclose the treatment or condition

**Declaration** I understand in signing this request that my documentation will be made available to either myself or my representative with my consent. I am aware by naming a representative person that disclosure will follow. I understand that a representative is a parent/guardian of a child, trustee of deceased, welfare guardian – court appointed, power of attorney.

No sensitive information will be disclosed without patient approval first, by signing this declaration I am approving the disclosure of sensitive information unless I have stated above what sensitive information should not be disclosed.

Signature of person making request \_\_\_\_\_

Print name \_\_\_\_\_

Date of signature \_\_\_\_\_

**Official use only**

Received by

Signed

Date