

Under the *Privacy Act 1988 (Cth)*, patients have the right to request access to their personal health records. To proceed with your request, please complete this form.

Request Details

I am requesting access to the following specific information in my personal health record:
(e.g. consultation notes, test results, referral letters – access to correspondence from external specialists may require their approval)

- _____
- _____
- _____
- _____
- _____

Personal Details

First Name: _____ **Last Name:** _____

Date of Birth: ____/____/____ **Phone Number:** _____

Address: _____

Authorised Representative (if applicable)

I authorise the following person to access the information on my behalf:

First Name: _____ **Last Name:** _____

Date of Birth: ____/____/____ **Phone Number:** _____

Relationship: _____

A signed authority and proof of identity for both parties may be required.

Access, Fee and Timeframe

By submitting this request, I acknowledge and understand the following:

- **Processing Fee:** A non-refundable administrative fee of \$50.00 applies and must be paid before any information is released. This fee is not claimable through Medicare or private health insurance.
- **Doctor's Review:** My treating doctor will review the request to ensure that releasing the information does not pose any risk to me or others. Some information may be withheld due to confidentiality agreements or legal restrictions. If full access cannot be granted, I will receive a clear explanation, and an intermediary may assist if appropriate.
- **Proof of Identity:** I may be required to provide valid identification (e.g. driver's licence or Medicare card) before access is granted.
- **Response Timeframe:** Signal Health Newton will respond within 30 days of receiving this completed form, in accordance with privacy legislation. If more time is needed, I will be notified.

- Use of Information: The information provided is for personal use only. It must not be shared with others or third parties without written consent from my treating doctor or unless required or permitted by law.

Method of Receiving Information

The method of access to your health information will be determined by your treating doctor, based on the nature of the request and clinical appropriateness. This may include one of the following:

- In person (printed copy)
- Secure email (PDF format)
- During consultation with a doctor

You will be informed of the chosen method once your request has been reviewed.

Patient Consent and Declaration

I confirm that I understand the terms of access outlined above, including any limitations that may apply under Australian law.

Signature: _____ **Date:** ____/____/____