REQUEST FOR ACCESS TO HEALTH RECORDS

Date: _____ UR Number_____

Chief Executive
Gippsland Lakes Community Health
PO Box 429
LAKES ENTRANCE 3909

Dear Sir/Madam,

Full Name
_____
(of individual whose records are sought)

Date of Birth _____ Phone _____

Address_____

_____

Please provide me or my authorised representative** (name) _____
access to my health records under the Health Records Act 2001 (Victoria).

BY: ☐ A copy of health information

OR: ☐ Inspection of health information, without explanation of contents

OR: ☐ An accurate summary of content by a service provider

OR: ☐ Viewing the information, accompanied by an explanation by a health service provider

PLEASE NOTE: Fees may apply.

Please identify the health information you are seeking access to: (eg. Specific injury; certain time frame; all information)

_____

_____

_____

Yours sincerely,

…… OR ……
Signature of Individual Signature of Authorised Representative

**An ‘authorised representative’ is a person who has the right to make legal decisions on behalf of a client either through appointment (e.g. Guardian or Administration Order) or nomination (e.g. family member, Power of Attorney).

Please Note:
According to the Health Records Act 2001 (Victoria), GLCH has 45 days to act on this request.
Relevant Identification must be provided before request can proceed.
You will be notified in writing on the outcome of your request.