

REQUEST FOR ACCESS TO HEALTH RECORDS

Full Name	<u> </u>
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 -	
To give to a specialist or other health provider	(please specify)
To give to my solicitor/for a court case	
For my own information	
 PLEASE NOTE: Fees may apply where the relevant records consist of 20 pages or more, and/or the request is complex (e.g. requires review of multiple documents, file or databases): Complex requests: Up to \$43.73 (including GST) administration fee for processine 20+ pages: \$0.22 (including GST) per page 	
OR: Inspection of health information, without explanation of contents	
OR: An accurate summary of content by a service provider (fee payable, cost to be advis	ed in advance)
OR: Viewing the information, accompanied by an explanation by a health service provider	
Please identify the health information you are seeking access to: (e.g. specific injury; certain information)	n time frame; all
OR Signature of Individual Signature of Authorised Representative Request Date	
Request Date	

**An '<u>authorised representative</u>' 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.

REQUEST FOR ACCESS TO HEALTH RECORDS - CHECKLIST

OFFICE USE ONLY TO BE ATTACHED TO REQUEST FORM

Date	Request Received UR Number	
PROOF OF IDENTITY PROVIDED		
	Identification/proof of authority of individual (copy attached) (eg driver's licence, passport)	
OR		
	Proof of relationship to individual provided (parent/guardian/executor etc) if relevant (eg driver's licence AND birth certificate; guardianship paper; legal will if client deceased)	
ACCESS APPROVED/DENIED		
	Access approved Individual notified in writing (copy attached) Date	
OR		
	Access Denied — Letter sent explaining refusal (copy attached) Date	
Name of Staff Member		
Signa	ture	