



SURNAME	MRN
OTHER NAMES	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	

**APPLICATION TO ACCESS  
PERSONAL HEALTH INFORMATION**

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**SECTION A: CLIENT/PATIENT DETAILS**

*Please complete in BLOCK LETTERS*

Surname (Family Name): \_\_\_\_\_ Title (Mr/s/Ms/Mx): \_\_\_\_\_  
 Given name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Contact Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Client/Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: APPLICANT DETAILS**

*Please complete this section if you are applying for access to information relating to another person*

Surname (Family Name): \_\_\_\_\_ Title (Mr/s/Ms/Mx): \_\_\_\_\_  
 Given name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Contact Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship to client/patient: \_\_\_\_\_

- 1. Is the client/patient a minor (less than 14 years of age)?** .....  Yes  No  
If Yes, go to Question 2. If No, go to Question 4.
- 2. Are you the client's/patient's parent or guardian?** .....  Yes  No  
If Yes, go to Question 3. If No, the parent or guardian must complete Section C and provide consent.
- 3. Is there a current custody/access order?** .....  Yes  No  
If Yes, provide a copy of the order. If No, go to Section D.
- 4. Is the client/patient deceased?** .....  Yes  No  
If Yes, go to Question 5. If No, go to Question 6.
- 5. Are you the executor or an administrator of the deceased estate?** .....  Yes  No  
If Yes, provide a copy of the will. If No, the executor or administrator must complete Section C and provide consent. If there is no executor or administrator, Declaration for Will/Enduring Power of Attorney/Enduring Guardianship form (AMR 805.200) must be completed.
- 6. Does the client/patient lack the mental capacity to give consent?** .....  Yes  No  
If Yes, go to Question 7. If No, the client/patient must complete Section C and provide consent.
- 7. Are you the client's/patient's legal guardian or do you have an enduring power of attorney?** .....  Yes  No  
If Yes, provide a copy of the guardianship order and/or relevant documentation. If No, the legal guardian or the person who holds an enduring power of attorney must complete Section C and provide consent. If there is no legal guardian or a person who holds an enduring power of attorney, Declaration for Will/Enduring Power of Attorney/Enduring Guardianship form (AMR 805.200) must be completed.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: CONSENT**

*Please complete if you answered 'No' to Questions 2, 5, 6 or Question 7*

I, \_\_\_\_\_ authorise \_\_\_\_\_  
Client/Patient/Parent/Guardian/Authorised Representative Facility/Community Health Centre  
 to release a copy of clinical notes relating to the client/patient recorded above to \_\_\_\_\_  
Name of Applicant

I understand that the information I authorise to be released may be classed as sensitive (according to Section 15.9 of the NSW Health Privacy Manual for Health Information 2015) and may include information related to HIV/AIDS, sexual assault, sexual health, drug & alcohol, aboriginal health, adoption, genetics and organ/tissue donor identification.

Client/Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

BINDING MARGIN - NO WRITING

FILE IN CLINICAL RECORD

REORDER: MEDICAL RECORDS DEPARTMENT SEP 19

APPLICATION TO ACCESS PERSONAL HEALTH INFORMATION

AMR805.000

**SECTION D: DETAILS OF REQUEST AND FEES**

*Please tick the appropriate box below to indicate the information/documents you would like to request*

Information requested	Fees and Conditions <small>(As stipulated under the NSW Ministry of Health Policy Directive PD2006_050 Health Records and Medical/Clinical Reports-Charging Policy and Information Bulletin IB2019_036 Health Records and Medical/Clinical Reports-Rates)</small>
<input type="checkbox"/> Copy of medical records	\$33.00 up to 80 pages (GST inclusive) Records in excess of 80 pages, incur photocopying fee of \$0.41 + GST per page For holders of Pension/Health Care Card, a 50% reduction of the fees apply.
<input type="checkbox"/> Clinical imaging / x-ray / photography <input type="checkbox"/> Photography – Burns / Plastics	\$16.50 per compact disc (CD) (GST inclusive). \$11.00 per film (large) (GST inclusive). \$6.50 per film (small) (GST inclusive).
<input type="checkbox"/> Viewing of medical records	Free
<input type="checkbox"/> Discharge Summary	Free if less than 12 months since attendance \$33.00 (GST inclusive) if more than 12 months has lapsed since attendance For holders of Pension/Health Care Card, a 50% reduction of the fee applies.
<input type="checkbox"/> Date of Attendance letter	Free
<input type="checkbox"/> Work Cover Certificate / Medical Certificate	Free if less than one month since attendance \$33.00 (GST inclusive) if more than one month has lapsed since attendance
<input type="checkbox"/> Medical Certificate of Cause of Death	Free if less than 12 months since attendance \$33.00 (GST inclusive) if more than 12 months has lapsed since attendance
<input type="checkbox"/> Confirmation of Birth letter Mothers name: _____ Mother's DOB: _____	\$33.00 (GST inclusive)

Date/s or period of attendance for which records are required: \_\_\_\_\_

Describe clearly the documents required: \_\_\_\_\_

**SECTION E: MODE OF DELIVERY**

Select your preferred mode of delivery:

Mail (Registered Post with Signature on Delivery for an additional \$4.30)  Email (Secure File Transfer)  Pick up

**INFORMATION FOR APPLICANTS**

- Two forms of identification of the client/patient and applicant (if applicable) is required, preferably photo ID and at least one with a signature. If you are not applying in person, you will need to provide a certified copy of the IDs.
- For **fee reduction**, supporting documents (e.g. Pension/Health Care Card) must be supplied.
- For **payment options**, please contact the relevant department.
- Cheques/money orders should be made payable to **Sydney Local Health District**.
- We *aim* to process your request within 21 working days of receipt of the application on the condition that the required information and fees have been received.
- If your records contain mental health information they may be subject to further review by a mental health professional. This may require additional processing time.
- If information contained in the record is deemed to be sensitive, you may be asked to nominate a treating Health Professional who will review the records with you.
- When documents are available, you may collect them from the relevant department. Alternatively, we can post them using Registered Post with Signature on Delivery for an additional \$4.30.

**For further information please contact the relevant department in attached listing of SLHD facilities.**

**Please send this form and other related documents to:** The relevant SLHD facility as per attached listing on Page 3.

**OFFICE USE ONLY**

Specify the identification obtained/provided: \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt No.: \_\_\_\_\_ Date due: \_\_\_\_/\_\_\_\_/\_\_\_\_

BINDING MARGIN - NO WRITING  
FILE IN CLINICAL RECORD

## Hospitals

**Balmain Hospital**  
Medical Records Department  
Balmain Hospital  
29 Booth St, BALMAIN NSW 2041  
Ph: (02) 9395 2143 Fax: (02) 9395 2148  
Email: SLHD-BalmainMedicalRecords@health.nsw.gov.au

**Canterbury Hospital**  
Medical Records Department  
Canterbury Hospital  
Canterbury Rd, CAMPSIE NSW 2194  
Ph: (02) 9787 0268 Fax: (02) 9787 0379  
Email: SLHD-CanterburyMedicalRecords@health.nsw.gov.au

**Concord Repatriation General Hospital**  
ROI Section, Health Information and Record Services  
Concord Repatriation General Hospital  
Building 86, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451 Fax: (02) 9767 6651  
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

**Royal Prince Alfred Hospital**  
Medico-legal Section, Medical Record Department  
Royal Prince Alfred Hospital  
Missenden Rd, CAMPERDOWN NSW 2050  
Ph: (02) 9515 6486 Fax: (02) 9515 6179  
Email: SLHD-RPAMedicalRecords@health.nsw.gov.au

**RPA Virtual Hospital**  
Health Information Manager  
Missenden Road, CAMPERDOWN NSW 2050  
Email: SLHD-RPAVirtualMedico-legal@health.nsw.gov.au

**Sydney Dental Hospital**  
Medico-legal Officer  
Sydney Dental Hospital  
2 Chalmers Street, SURRY HILLS NSW 2010  
Ph: (02) 9293 3311

## Community Health Centres

**Community Health (Camperdown, Canterbury & Concord)**  
300 Bridge Rd, FOREST LODGE NSW 2037  
Ph: (02) 9515 9558  
Email: SLHD-CommunityHealthInformation@health.nsw.gov.au

**Croydon Health Centre**  
Health Information & Medical Records Manager  
24 Liverpool Rd, CROYDON NSW 2132  
Ph: (02) 9378 1100 Fax: (02) 9378 1111  
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

**Marrickville Health Centre**  
Health Information & Medical Records Manager  
155–157 Livingstone Rd, MARRICKVILLE NSW 2204  
Ph: (02) 9562 0500 Fax: (02) 9562 0501  
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

**Redfern Health Centre**  
Health Information & Medical Records Manager  
103–105 Redfern St, REDFERN NSW 2016  
Ph: (02) 9395 0444 Fax: (02) 9690 1978  
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

## Drug Health Services

**Drug Health Services – SLHD (excluding Concord)**  
Medical Records  
SLHD Drug Health Services  
24 Liverpool Rd, CROYDON NSW 2132  
Ph: (02) 9378 1300 Fax: (02) 9378 1338  
Email: SLHD-DrugHealthmedico-legal@health.nsw.gov.au

**Drug Health Services – Concord**  
ROI Section, Health Information and Record Services  
c/- Concord Repatriation General Hospital  
Building 86, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451 Fax: (02) 9767 6651  
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

## Mental Health Services

**Community Mental Health (Camperdown, Canterbury & Redfern)**  
ROI Section, Health Information and Record Services  
c/- Concord Repatriation General Hospital  
Building 86, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451 Fax: (02) 9767 6651  
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

**Croydon Community Mental Health Centre**  
Health Information & Medical Records Manager  
24 Liverpool Rd, CROYDON NSW 2132  
Ph: (02) 9378 1100 Fax: (02) 9378 1111  
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

**Marrickville Community Mental Health Centre**  
Health Information & Medical Records Manager  
155–157 Livingstone Rd, MARRICKVILLE NSW 2204  
Ph: (02) 9562 0500 Fax: (02) 9562 0501  
Email: SLHD-CMR-HealthCentres@health.nsw.gov.au

**Concord Centre for Mental Health**  
ROI Section, Health Information and Record Services  
c/- Concord Repatriation General Hospital  
Building 86, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451 Fax: (02) 9767 6651  
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

**Rivendell Child Adolescent and Family Unit**  
ROI Section, Health Information and Record Services  
c/- Concord Repatriation General Hospital  
Building 86, Hospital Rd, CONCORD NSW 2139  
Ph: (02) 9767 5451 Fax: (02) 9767 6651  
Email: SLHD-ConcordReleaseofInformation@health.nsw.gov.au

## Tresillian Family Care Centre

Health Information Manager  
Tresillian Family Care Centres  
McKenzie St, BELMORE NSW 2192  
Ph: (02) 9123 8800  
Email: TFCC-medicolegal@health.nsw.gov.au