REQUEST TO ACCESS CLIENT RECORDS

PERSON MAKING REQUEST

Full Name of Person Requesting Records (Please print):_____

Address:_____

Phone: _____ Email:_____

Please attach a copy of your Australian Driver's License or photo ID to this form

Ballarat Community Health values and respects the privacy of its clients and will only disclose records and related information to the client themselves or a person in a direct care relationship. This may include the custodial parent/s of a child, a carer of a client where that care relationship can be verified and to persons who hold an appropriately designated Power of Attorney in respect of the client. Should no such relationship be proven through adequate documentation then the organisation reserves the right to decline any request.

If you have any concerns about the decision made in relation to a Request to Access Client Records then please discuss with one of our staff the processes for providing feedback or making a formal complaint.

RECORDS REQUESTED

Full Name of Client:_____
(If same as person making request please state "As Above"):

Date of Birth:_____

CONTACT DETAILS: (if different from above)

Address:_____

Phone: _____ Email:_____

CLIENT RECORDS REQUESTED:

Please detail all of the required records including specific information needed such as; treatment notes, test results, care plans and/or other information. This may also include the date range of records required.

_____
_____
_____
_____
_____

Ballarat Community Health retains client records in accordance with the provisions of the Health Records Act 2001 and other

applicable legislation. Some records may not be available due to their age, legal restrictions or other requirements of this health service. Should a request for records be unable to be met in whole or in part then Ballarat Community Health will provide a written explanation as to the reasons for the non-disclosure. A fee may be charged for requests for extensive or older records to cover the cost of archive searches, copying and postal charges. Such a fee will be calculated on an individual basis and will reflect the actual cost of the service. If you are unable to pay then no fee will be charged.

SIGNATURE:

In signing this request I affirm that all details listed are correct. I indemnify and hold harmless Ballarat Community Health, its agents, staff and contractors against any losses arising from inaccuracies in this request.

SIGNED:_____ DATE:_____

INTERNAL OFFICE USE ONLY:

1) In the case of a records request from a client have they affirmed their identity through a minimum of three identifiers (full name (including any middle name), residential address and date of birth?)

☐ Yes ☐ No

2) If the person requesting the records is not the client have they provided the following (please tick one or more);

- ❖ Evidence that they are a custodial parent/guardian of the client? ☐
- ❖ Evidence of being the registered carer of a client? ☐
- ❖ Evidence of power of attorney for the client? ☐
- ❖ Written consent of the client? ☐

List details of the evidence sighted and attach a photocopy to this form:

_____

APPROVAL:

Approval for any records request must be provided by a Team Leader or Manager.

(Please tick one and sign and date)

- I approve the release of the requested records ☐
- I approve the release of the requested records with the following exceptions; ☐

  _____

  _____

  _____

- I decline the request for the release of the requested records for the following reason/s; ☐

  _____

____

SIGNATURE: ____ DATE: ______________________