



Cairns and Hinterland Hospital and Health Service

Application for Administrative Access to Health Records

Facility: _____

(Affix identification label here)

URN: _____

Family Name: _____

Given Name: _____

Address: _____

Date of Birth: _____ Sex M F I

Details of application (Please print)

Title: _____ Given name: _____

Family name: _____ Date of birth: _____

Name used in records (if different name than above)

Address: _____

Suburb/Town: _____ Postcode: _____

Phone(home): _____ Mobile: _____

Email: _____

Does the patient have capacity? Yes. Go to next section No. Complete this section

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent is to be obtained from a substitute decision-maker in the following order:

1. Tribunal-appointed guardian 2. Enduring Power of Attorney 3. Statutory Health Attorney

Name of substitute decision-maker: _____

Address: _____

Email: _____ Phone: _____

I request access to the following documents

- | | |
|---|---|
| Document type | Forms and or certificates |
| <input type="checkbox"/> Inpatient hospital notes | <input type="checkbox"/> Dental notes |
| <input type="checkbox"/> Outpatient notes | <input type="checkbox"/> Standard medical certificate |
| <input type="checkbox"/> Community health notes | <input type="checkbox"/> Medical imaging eg. X-rays |
| | <input type="checkbox"/> Workers compensation |
| | <input type="checkbox"/> Pathology |
| | <input type="checkbox"/> Centrelink |
| | <input type="checkbox"/> MVA CTP certificate |
| | <input type="checkbox"/> Victims Assist |

Other: _____

_____ Date of attendance: _____

Method of Release : In person Express post Kiteworks

I understand that the removal of personal information of any other persons other than myself in the copies of my records may be required. I understand this may include, but is not limited to medical information of family members, other patient information or staff payroll information (payroll identification numbers).

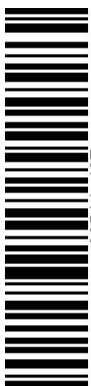
Signed: _____ Date: _____

Proof of Identity and Authority

Before access to personal information can be given, you must provide suitable evidence of your identity. Copies of documents submitted in support of an application **must be certified** as a true and correct copy by a qualified witness. A certified copy is considered valid if it is witnessed by a lawyer or a notary public or a commissioner for declarations or a justice of the peace.

DO NOT WRITE IN THIS BINDING MARGIN

Do not reproduce by photocopying
All clinical form creation and amendments must be conducted through Health Information Services



002147405

Application for Administrative Access to Health Records MR405