

Request for access to personal health information

Patients of this practice have the right to access their personal (and health) information under legislation. The *Privacy Act 1988* and *Australian Privacy Principles* (APPs) govern health service providers' and other organisations' obligations to give patients access to their personal health information on request, subject to certain exceptions and the payment of fees (if any).

This practice complies with the *Privacy Act 1988* and APPs adopted therein. These regulations give patients the right to know what information a private sector organisation holds about them, the right to access this information, and to also make corrections if they consider any data is incorrect.

We have a privacy policy in place that sets out how to manage personal health information and the steps an individual must take to obtain access to this information. This includes the different forms of access and the applicable timeframes.

Where our practice holds reports or other health information from another organisation, such as a medical specialist, we are required to provide access to this information in the same manner as for the records we create. We are also required to provide access to records which have been transferred to us from another health service provider.

Although patients can request access to their personal health information verbally, we request that patients complete a **Personal Health Information Request Form** which outlines the type of information being requested, and in what format the patient requests to receive the information. Completion of this form ensures correct processing is undertaken and appropriate consent is obtained, particularly where the patient is requesting their information be sent to them through an unsecure method (i.e. facsimile, mail, email).

Rochdale Medical Centre

Request for Personal Health Information

1 (a) Patient Details (please print in block letters)	
Surname:	Given name(s):
Address:	
Date of birth:	
1 (b) Applicant	
Applicant name:(if not the patient)	Relationship: (to patient)
2. Health Information Requested(please tick)	
<input type="checkbox"/> Pathology Results	Specify dates:
<input type="checkbox"/> X-Ray Results	Specify dates:
<input type="checkbox"/> Other Test Results	Please specify:
<input type="checkbox"/> A Summary of My Health Record	
<input type="checkbox"/> Health Record – detailed	
<input type="checkbox"/> Current medications	
<input type="checkbox"/> Correspondence on file	
<input type="checkbox"/> Other	Please give details:
3. How would you like to receive this information?	
View, inspect & discuss contents with my doctor. I will make an appointment at reception.	
Obtain a copy - collect	
Obtain a copy - send via mail	
<input type="checkbox"/> Obtain a copy	via fax no:
<input type="checkbox"/> Obtain a copy	via email:

Signature of Patient:

Date

Note: Privacy requirements allow the doctor in certain circumstances to restrict the release of medical records.

Completed request can be;

emailed to reception@rochdalemc.com.au

Faxed to 9465-4644, Or handed in to Reception