

SAMPLE
PATIENT REQUEST FOR ACCESS OR
RELEASE OF PERSONAL HEALTH INFORMATION
(Incorporating requirements of Privacy Legislation)

I, (name) _____

Address: _____

have been a patient of Dr. _____
(name and address of doctor and medical centre)

and

Tick (✓) as appropriate:

- Seek access to my health information. (Specify the preferred form of access – see below).
- Provision of an accurate summary
 - Provision of a copy of the health information
 - Inspection of the health record
 - Viewing of health record accompanied by explanation from the doctor.
- If a summary is requested, please specify either period of visits to the doctor or reason why access is requested (eg records relating to a specific condition or injury)

- Authorise the doctor/practice named above to provide a copy or summary of my health records to :

I understand that a fee may be charged for the cost of providing access, or providing copies

(Signature of patient)

(Signature of Doctor/Receptionist)

(Date)

