



1. Patient Details			
Previous Surname (if any):			
Surname:			
Given Name(s):			
Date of Birth:		UR Number (if known):	
2. Applicant Details (if not the patient)			
Surname:			
Given Name(s):			
What is your relationship to the patient? (NB: Please specify and attach supporting documentation)			
3. Applicant Photographic Identification (NB: You must attach a copy of one category of identification below)			
<input type="checkbox"/> Current Australian Drivers Licence <input type="checkbox"/> Current Australian Passport <input type="checkbox"/> Two forms of identification (one of which must be photo ID)			
4. Applicant Concession Entitlement (NB: This may entitle you to a waiver of some of the fees)			
<input type="checkbox"/> No → Go to next question <input type="checkbox"/> Yes → attach a copy of the card			
5. Patient/Applicant Contact Details			
Address:			
	Suburb:		
State:		Postcode:	
Home Phone No.:		Mobile Phone No.:	
Email Address:			
6. Document Access Requested			
<input type="checkbox"/> Complete medical record → Go to the next question			
Partial Access (choose from below and specify the dates, admissions and/or other documents required)			
<input type="checkbox"/> Most recent admission    Specify dates:			
<input type="checkbox"/> Discharge Summary    Specify dates:			
<input type="checkbox"/> Operation Report    Specify dates:			
<input type="checkbox"/> Pathology Results    Specify dates:			
<input type="checkbox"/> Radiology Results    Specify dates:			
<input type="checkbox"/> Other – please specify:			
<input type="checkbox"/> Time of Birth Requests – Please specify mother's full name and DOB at the time of birth			
Mother's Previous Surname (if any):			
Mother's Surname:			
Mother's Given Name(s):			
Baby's Date of Birth:			



7. Type of Access Requested		
<b>Copy of the medical record via:</b>		
<input type="checkbox"/> Collection via St Vincent Hospital (please see location sites below)	<input type="checkbox"/> Registered Post	<input type="checkbox"/> Electronically via email (not available for large records)
<b>Other access of the medical record (NB: Please contact your Health Information Services sites below for more information):</b>		
<input type="checkbox"/> Amend personal information contained in the records	<input type="checkbox"/> Personally view records	<input type="checkbox"/> Explanation of the records
8. Acknowledgements		
I agree that I have understood and completed the following:		
<input type="checkbox"/> Attached a current copy of photographic identification		
<input type="checkbox"/> Filled all relevant sections of this form correctly		
<input type="checkbox"/> Acknowledge that there may be a fee involved and that payment is required prior to releasing information		
<input type="checkbox"/> Acknowledge that I am responsible for the payment of the associated fee, if applicable		
<b>Applicant Signature:</b>		
<b>Full Name (please print):</b>		
<b>Date:</b>		

**END OF FORM – PLEASE RETURN TO SPECIFIC HEALTH INFORMATION SERVICES DEPARTMENT SITE LISTED BELOW**

State	Hospital(s)	Contact Details
VIC	St Vincent's Private Hospital Melbourne and St Vincent's Private Hospital Griffith The Privacy Officer Health Information Services Department	75 Victoria Parade, Fitzroy VIC 3065 Phone: (03) 9411 7695 Fax: (03) 9231 6852 Email: <a href="mailto:HIS.General@svha.org.au">HIS.General@svha.org.au</a>
NSW	St Vincent's Private Hospital Sydney The Privacy Officer Health Information Services Department	390 Victoria Street, Darlinghurst NSW 2010 Phone: (02) 8382 2306 Fax: (02) 8382 2977 Email: <a href="mailto:SVHS.Medico-Legal@svha.org.au">SVHS.Medico-Legal@svha.org.au</a>
	Mater Hospital The Privacy Officer Health Information Services Department	PO Box 958, North Sydney NSW 2059 Phone: (02) 9900 7539 Fax: (02) 9957 7756 Email: <a href="mailto:Mater.MedicalRecords@svha.org.au">Mater.MedicalRecords@svha.org.au</a>
QLD	St Vincent's Private Hospital Northside and St Vincent's Private Hospital Brisbane The Privacy Officer Health Information Services Department	627 Rode Road, Chermide QLD 4032 Phone: (07) 3326 3656 Fax: (07) 3326 3535 Email: <a href="mailto:SVPHN.Privacy@svha.org.au">SVPHN.Privacy@svha.org.au</a>
	St Vincent's Private Hospital Toowoomba The Privacy Officer Health Information Services Department	22 - 36 Scott Street, Toowoomba QLD 4350 Phone: (07) 4690 4000 Fax: (07) 4690 4289 Email: <a href="mailto:TOHIS@svha.org.au">TOHIS@svha.org.au</a>