

# Oxford Street Medical Centre

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## Request for Personal Health Information

**1. (a) Patient Details** (please print in block letters)

Surname: ..... Given name(s) .....

Address: .....

Suburb: ..... Postal Code: .....

Date of birth: .....

**1. (b) Applicant**

Applicant name: (if not the patient)

Relationship: (to patient)

.....

.....

**2. Health Information Requested** (please tick)

- Pathology Results
- X-Ray Results
- Other Test Results
- A Summary of My Health Record
- Health Record- detailed
- Current medications
- Correspondence on file
- Other

Specific dates:  
Specific dates:  
Please specify:

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
- Obtain a copy Via email: .....

**Request from the patient has to be sent via the email address to which the medical information is to be forwarded with the understanding that email is not an encrypted format for communication.**

Signature of Applicant: .....

Date: .....

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

**Charging policy:** Fees may be charged for access please request information about our charging policy

## Office Use Only

- Date request received: .....
- Identification verified known to staff. License, passport or other: .....
  
- Appointment made with doctor  Yes  No
  
- Patient to collect
- Doctor advised prior to release of medical notes
- Noted in patient record
- Record checked & ready for patient
- Fee Charged?  Yes  No

Amount: ..... (excluding GST)

Date: .....

- Access process complete (record viewed/sent)