



Access to Health Records Application Form

Please send the completed form to:
The Executive Assistant
Banyule Community Health
21 Alamein Road
West Heidelberg 3081

This form is for people who are seeking access to documents about themselves or another person.

Your details

BCH collects your details so it can respond to your application; it will only use your details for this purpose.

Where your full details are not provided, your application for access to documents may be affected.

First Name: _____ Surname: _____

Other names know by: _____

Postal Address: _____
_____ (State) _____ (Postcode) _____

Telephone: (daytime) _____

Date of Birth: (day) _____ (Month) _____ (Year) _____

Do you consent to the agency disclosing your identity and knowledge of this application to other persons for any reasonable consultations necessary for processing your application? (eg. Consultations may be with individuals also listed in the documents you seek.)

Yes No

Details of the documents you wish to access

Are you seeking access to documents about yourself or other people?

Myself Other People

Documents about other people

If you are seeking access to documents about a person other than yourself, please provide information that would assist the agency identify those other people (eg: their names, dates of birth or death, their relationship to you)

Do these people know that you are requesting access to their information?

Yes No

The agency may need to contact these people while it processes your application. Please provide their contact details for their next of kin if they are deceased, (eg. Telephone numbers and/or addresses)

<p>The agency needs as much detailed information about the documents you are seeking to access so that your application can be processed.</p> <p>Please provide a description of the documents you wish to access, such as:</p> <ul style="list-style-type: none"> • The type of documents you are seeking (eg, medical, counselling) • Any specific documents or reports you wish to have access to. 	<p>Information about the documents</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	<p>Once the documents you have requested have been assessed in accordance with the Health Records Act 2001, they will be sent to you by registered post.</p>

PLEASE SIGN BELOW

Applicant's signature

Date

CHECKLIST

Have you:

Attached some form of identification with signature? (<i>For example a photocopy of your drivers licence</i>)	Tick: <input type="checkbox"/>
Given a clear explanation of the documents you are seeking?	<input type="checkbox"/>
Attached documents to support your application to access information about other people (<i>eg. Guardianship or Administration Orders</i>)?	<input type="checkbox"/>
Signed this form in the space provided above?	<input type="checkbox"/>

If you have any further queries or require assistance in completing this application form, please contact the Executive Assistant on 9450 2011.

Banyule Community Health is bound by Victorian Privacy law therefore any information you provide is used only for the purpose of making enquiries to respond to your request for access to your health information.