

Application for Administrative Access

Privacy notice: The *Hospital and Health Boards Act 2011* imposes strict confidentiality requirements. Information requested in this application is to verify your identity to protect your personal health information from being disclosed to persons other than you or your authorised agent.

Applicant details

Title (Mrs, Mr, Mx etc): Surname / Family Name:

Given names: DOB:

E-mail: Day-time contact phone:

Postal address:

Suburb/Town: State/Territory: Postcode:

Details of request

Are you seeking access on someone's behalf?

- No, I am the patient
- Yes, I am an agent and proof of my authorisation to request the record of, is attached:

Patient's Surname / family name: DOB:

Given names:

Please indicate, for example:

- Hospital or health facility where you were treated and date or date range
- If specific information only is required, e.g., treatment relevant to a specific injury

Emergency Notes X-ray/ Scans report Pathology Discharge summary Inpatient notes

Additional Information:

Preferred access type (select)

Note: Your preferred access type may not be available

Email download (*please note below*) Photocopy of documents CD

Email address:

Signature: Date:

How to Apply

In person: Individuals and agents may lodge "over the counter" at the facility where treatment was provided.

By email: wm-infoaccessunit@health.qld.gov.au

- Note:**
- You will need to provide proof of identity to access health records (See page 2)
 - Documents will normally be available within 25 working days

More information on West Moreton HHS website <https://www.westmoreton.health.qld.gov.au/about-us/accessing-information/>

Proof of Identity

Category A: One (1) form of identification such as:

- Current Australian photo driver's licence, front and back
- Adult Proof of Age card (formerly the 18+ card)
- Current Australian passport (copy identifying page)
- Current overseas passport
- Current Defence Force or Police Service photo ID card
- Current Australian Firearms licence
- Prisoner identity card certified by a corrective services officer

If unable to provide identification from the category A, two from category B, one with a signature

Category B: Options include two (2) forms of identification (at least one containing a signature) such as:

- A copy of a certificate or extract from a register of births
- Current Medicare card
- Current financial institution debit or credit card with your signature
- Current entitlement / pension card issued by the Commonwealth or State Government
- Public Service employee ID card
- Educational institution student identity document (must include photo and/or signature)
- School or other educational report, less than 12 months old
- Australian Marriage Certificate
- If unable to provide two forms of identification from the category B, one from category BB and one from Category C

Category C: Options include forms of identification such as:

- Recent utility account (e.g. gas, electricity, home phone) with current residential address
- Recent financial Institution statement with current residential address
- Rent/Lease agreement with current residential address
- Rates notice in your name with current residential address
- Recent official correspondence from Government Service Providers (not from this agency) with current residential address
- PAYG payment summary, less than 2 years old, with tax file number

Agents – authority and proof of identity

If you are an agent acting on the person's behalf please provide:

- Proof of your authorisation to act on the person's behalf and access the person's medical record
- Proof of your identity
- Certified copy of the persons/patient's identity

WMHHS staff can sight proof of identity if the application is lodged in person at a facility.

If you **post** the application, copies of documents submitted in support of an application must be certified as a true and correct copy by a qualified witness.

Certified documents

A certified copy is considered valid if it is witnessed by a lawyer or a notary public or commissioner for declarations of a justice of the peace.

Office use Only

Date received:		Date released:	
Method of release (tick one)	<input type="checkbox"/> In person (over the counter) → <input type="checkbox"/> Express post / registered mail <input type="checkbox"/> Email	<input type="checkbox"/> ID Sighted (sign-off below)	
<input type="checkbox"/> Referred for processing under Right to Information / Information Privacy Act			
Scan and email to:	wm-infoaccessunit@health.qld.gov.au	Fax: 07 3810 1751	Phone: 07 3497 3580
Officers' name:			
Signature:		Date:	