

**APPLICATION FOR ACCESS TO HEALTH RECORDS**

**Details of client whose record is requested**

Family name \_\_\_\_\_  
 Given names \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Previous names \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

**Details of person making the request inclusive of third party applicant ( if not the client applying) please tick**

- requested for own record (details as above)
- request by a third person ( complete details)

Family name \_\_\_\_\_  
 Given names \_\_\_\_\_  
 Relationship to client \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

**Details of request**

Name of program or service that the request relates to \_\_\_\_\_  
 Dates or period of attendance that the record required relate to \_\_\_\_\_  
 Describe clearly the documents required \_\_\_\_\_

**Type of access**

- I wish to view the documents only
- I require a copy of the documents

I, \_\_\_\_\_ (the client) hereby request the Nepean Blue Mountains Medicare Local to release Health information about myself to  
 Myself                       Third party

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

This application only relates to the information requested on this form. If information is required at a later date another application is required.

**Third party access**

If you are requesting another person's health record ,that person must sign the form and provide identification as well as the applicant.

**Accepted Evidence**

**Primary document**

Either :  Passport

**Or 1 from column A and 2 from Column B**

A

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Medicare Card
<input type="checkbox"/> Current drivers licence issues under Australian Law ( photo)	<input type="checkbox"/> Bill with full name and address
<input type="checkbox"/> Employment ID ( photo)	<input type="checkbox"/> Banking institution card/passbook
<input type="checkbox"/> Tertiary education ID( photo)	<input type="checkbox"/> Social Security, Health Care or Pension Card
<input type="checkbox"/> Citizenship certificate	

**Office use only**

ID Provided  Yes  No Sighted by \_\_\_\_\_ Consent from client  Yes  No

View records only  Yes  No Date \_\_\_\_\_

Supervised by \_\_\_\_\_

Details of documents provided to applicant: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved/sign off \_\_\_\_\_

Return to: Nepean-Blue Mountains Medicare Local  
P.O.Box 903  
Penrith, 2751  
Ph 47 211150