

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	(please print or typ	oe)			
Title (Mrs, Mr, Mx etc):	Surname / fa	mily name:			
Given names:			DO	B:	
E-mail:			Day-time contact phone:		
Postal address:					
Suburb/Town:	State/T	erritory:	Postcode:		
Details of request	t				
Are you seeking access on the patient	on someone's behalf?				
Yes, I am an agent ar	nd proof of my authorisatio	n to request the reco	rd 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	
Preferred access	type (select)				
Note: Your preferred acc	ess type may not be availa	ble			
Email (please note below)		tocopy of documents	☐ CD		
Email address:					
Signature:		Date:			
How to Apply					
In person: By email: Note:	Individuals and agents may lodge "over the counter" at the facility where treatment was provided. WM_ROI@health.qld.gov.au You will need to provide proof of identity to access health records (See page 2)				
	Documents will norm	ally be available with	in 25 working days	. • ,	
iviore information on West	: ivioreton HHS website <u>http</u>	<u>s://www.westmoreton.</u>	<u>health.gld.gov.au/about-us/acc</u>	<u>essing-</u>	

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

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
- 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

Educational institution student identity document

(must include photo and/or signature)

Current Australian Firearms licence

Current Defence Force or Police Service photo ID

Prisoner identity card certified by a corrective

- School or other educational report, less than 12 months old
- Australian Marriage Certificate

services officer

- If unable to provide two forms of identification from the category B, one from category BB and one from Category C
- 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/patients 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 in 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

Date received:		Date released:	
Method of release (tick one)	☐ In person (over the counter)	☐ ID Sighted	
	Express post / registered mail		
	☐ Email		
	Referred for processing under Right to Information / Information Privacy act		
Scan and email to:	WM_ROI@health.qld.gov.au		
Officers' name:			
Signature:		Date:	