

Please complete this form and send it to the Health Information Officer

By mail or at reception: 125 Blake Street, East Reservoir, VIC 3073, or by email: [info@yourcommunityhealth.org.au](mailto:info@yourcommunityhealth.org.au)

Make sure you attach all documents required - see the checklist.

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<p><b>Details of the request for access or transfer.</b></p> <p>You have the right to access your health record and request correction to information.</p> <p>The decision to grant access will be based on legislation and the health privacy principles.</p> <p>For more information, please see the “Keeping your information private” flyer and the “Client Information Privacy Policy” on our website.</p>	<p><b>What is the reason for your request?</b></p> <p>_____</p> <p>_____</p> <p>1. <b>How would you like to access the health record?</b></p> <p>a. View the record at one of the DCH centres <input type="checkbox"/> Please circle your preferred centre. East Reservoir                      Northcote                      Preston (PANCH Health Service)</p> <p>b. View the record with explanation <input type="checkbox"/></p> <p>    • Do you require an interpreter? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, which language: _____</p> <p>c. Receive a photocopy of the record <input type="checkbox"/> We will send the record by registered post.</p> <p>d. Receive an electronic copy of the documents <input type="checkbox"/> We will provide you with a CD</p> <p>2. <b>Do you want to access all, or part of your record?</b> All <input type="checkbox"/> part <input type="checkbox"/></p> <p>If partial access is required, please clearly describe the information you require:</p> <p>_____</p> <p>_____</p> <p>3. <b>Transfer the health record</b> to another organisation e.g. GP, lawyer, insurance company <input type="checkbox"/></p> <p>Please provide the organisation details:</p> <p>First Name: _____ Surname: _____</p> <p>Postal Address: _____</p> <p>State: _____ Postcode: _____ Telephone: _____</p> <p>Company (if applicable): _____ Phone: _____</p>
<p><b>The next steps</b></p>	<ul style="list-style-type: none"> <li>• We will assess your request in accordance with the Health Records Act 2001, and will contact you within 45 days of receiving this form.</li> <li>• Costs may be associated with your request in line with the Health Records Act 2001. When we contact you, we will let you know if there are any costs.</li> </ul>
<p><b>Your Signature</b></p>	<p>Please sign: _____ Date: _____</p>
<p><b>Checklist</b></p> <p><b>Have you?</b></p>	<p>! Attached some form of signed or certified identification? <input type="checkbox"/></p> <p>! Given a clear explanation of the documents you want to access or transfer? <input type="checkbox"/></p> <p>! Attached documents to support your application to access information about other people? <input type="checkbox"/></p> <p>! Signed this form in the space above? <input type="checkbox"/></p>
<p><b>Queries?</b></p>	<p>If you have any further queries or require assistance in completing this form, please contact the Health Information Officer on (03) 8470 1111. Information about our Privacy Policy can be found on our website: <a href="http://www.yourcommunityhealth.org.au">www.yourcommunityhealth.org.au</a></p>

Form received date:		Received by:	
UR #		Date responded:	