



Tasmanian Government Department of Health

REQUEST FOR HEALTH INFORMATION / RECORDS

Personal Information Protection Act 2004

OFFICE USE ONLY

Patient Identification/Label:

- Use this form to request health information from the Department of Health. Certified identity document/s must accompany the application if the originals are not physically sighted.
- If you are applying for someone else's information, you will need to have their written consent in addition to the certified identity document/s. Another person may only receive the health information of a patient/client under certain prescribed circumstances as detailed in the *Personal Information Protection Act (2004)*.
- Requests can be submitted by mail, fax, or email to the relevant contact. See page 3 for contact details.
- A **fee** is charged for requests for information (some exceptions apply). The fee is based on the number of pages, starting from \$44.00+GST. An estimate can be provided if requested.

1. Who is requesting this information?

I am the patient/client

I am **not** the patient/client (*consent required*)

2.a) Patient/Client Information

Last Name:	First Name:
Date of Birth:	Medicare Number:
Address:	
State:	Postcode:
Contact Number:	
Email:	

2.b) Two forms of identity attached of the patient/client

Primary identity document i.e. birth certificate, passport, Australian driver's licence, citizenship

Secondary identity document i.e. Medicare card

Note: For the release of personal information, requires a copy of primary documentation that has been certified as a true copy by a Justice of the Peace or a Commissioner for Declarations and a secondary document. Alternatively, a Department of Health staff member can view the originals.

3. Where is the information you are requesting located? (*attach separate sheet if required*)

Records are created where you receive your care. Please state the sites you are requesting information from:

Site/Facility Name	Suburb of site/facility	Treatment/Care Dates (If known)

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Date Received:

Proof of identity sighted: Yes No

4. What information are you looking for? (check all that apply)	
<input type="checkbox"/> Discharge summary	<input type="checkbox"/> Birth records
<input type="checkbox"/> Operation/procedure records	<input type="checkbox"/> Mental Health records
<input type="checkbox"/> Emergency presentation records	<input type="checkbox"/> Community Health records
<input type="checkbox"/> Outpatient records	<input type="checkbox"/> Child and parenting records
<input type="checkbox"/> Test Results – specify:	<input type="checkbox"/> Ambulance records
<input type="checkbox"/> Other – specify:	

5. What is the reason for requesting this information/how will you use this information?
This information helps us understand relevant documents and expedites the request

Complete this section if you are requesting someone else's health information/records.

6. Requestor information (if not the patient/client)	
Last Name:	First Name:
Address:	
State:	Postcode:
Contact Number:	
What is your relationship with the patient/client?	
What authority do you have to access this information?	
Under the <i>Personal Information Protection Act (2004)</i> information may only be accessed by the person that it relates to. There are exemptions. Describe why you believe you have the authority to seek access to the information.	
Have you attached a completed Consent to Share Information form?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, explain why:	

7. How do you wish to receive copies of the documentation?
<input type="checkbox"/> Paper copy by post <input type="checkbox"/> USB by post <input type="checkbox"/> Collect from facility <input type="checkbox"/> By fax

8. By signing this form, I acknowledge that I am consenting to release this information and acknowledge a fee may be charged for accessing health information.	
Name:	
Signature:	Date:

Privacy Statement: The Department of Health collects personal information provided in this form for the purpose of processing your application for personal information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department.

Important note: This information does not constitute legal advice. If more information is required, consult the relevant legislation or a legal adviser.

Disclaimer: While reasonable efforts have been made to ensure that the contents of this document are correct, the Crown in Right of the State of Tasmania, its agencies and employees, do not accept responsibility for the accuracy or completeness of the contents, and is not liable to any person in respect of anything or the consequences of anything done or omitted to be done in reliance upon the contents of this document.

Where you should send this form

Please send this request to the facility or service where you received your care. The service will acknowledge they received your application. You may be asked to provide more information to assist in the processing of the application.

Ambulance Tasmania Patient Information Clinical Services	GPO Box 125 HOBART TAS 7001 Phone: (03) 6166 1912 Email: at.pir@ambulance.tas.gov.au
Mersey Community Hospital Release of Information Officer Health Information Management	PO Box 21 LATROBE TAS 7307 Phone: (03) 6478 5246 or (03) 6478 5131 Email: nw.patientroi@ths.tas.gov.au
North West Regional Hospital Release of Information Officer Health Information Management System	PO Box 258 BURNIE TAS 7320 Phone: (03) 6493 6125 Email: nw.patientroi@ths.tas.gov.au
Launceston General Hospital Release of Information Officer Health Information Management Services	PO Box 1963 LAUNCESTON TAS 7250 Phone: (03) 6777 6556 Email: lgh.patientroi@ths.tas.gov.au
Royal Hobart Hospital Release of Information Officer Health Information Management Services	GPO Box 1061 HOBART TAS 7000 Phone: (03) 6166 8898 Email: himshio@ths.tas.gov.au
Statewide Mental Health Services Statewide Information Officer (including Alcohol and Drug Services, Forensic Mental Health, Correctional Primary Health Service)	GPO Box 125 HOBART TAS 7001 Phone: (03) 6166 0826 Email: smhs.records@ths.tas.gov.au
For all other requests for health records or unsure of where to request from:	Strategic Information Management Governance Office Department of Health GPO Box 125 HOBART TAS 7001 Phone: (03) 6166 3912 Email: pipapplications@health.tas.gov.au

Another option for accessing some of your health information i.e. discharge summaries, pathology reports and radiology reports, is the Commonwealth My Health Record.

You can access your My Health Record via the My Health app, My Gov app or visiting www.my.gov.au