

PRIVATE HOSPITALS REQUEST FOR INFORMATION FORM

1. Patient Deta	ils		TITALO REGOL	or rok ii					
Previous Surname (if any):									
Surname:									
Given Name(s):									
Date of Birth:				UR Numbe	er (if known):				
2. Applicant D	2. Applicant Details (if not the patient)								
Surname:	rname:								
Given Name(s):	Given Name(s):								
What is your relationship to the patient? (NB: Please specify and attach proof)									
3. Applicant Pl	hotographi	ic Identif	ication (NB: You must	attach a cop	y of one categ	ory of identification below)			
Current Australian Driver's Licence Current Australian Passport Two forms of identification (one being photo ID) Other, please specify:									
4. Applicant C	oncession	Entitlem	nent (NB: This may enti	tle you to a v	vaiver of some	of the fees)			
No → Go to next	t question		0	Yes → atta	ch a certified o	copy of the card			
5. Applicant C	ontact Deta	ails							
Address:									
Address:	Suburb:								
	State:				Postcode:				
Home Phone No.:				Mobile Pho	one No.:				
Email Address:									
6. Document A	ccess Req	quested							
Complete medic	al record →	Go to the	e next question						
Partial Access (c	hoose from b	below and	specify the dates, admissi	ons and/or oth	er documents re	equired)			
Discharge Sumn	Discharge Summary Specify dates:								
Operation Report Specify dates:									
Pathology Results Specify dates:									
Radiology Results Specify dates:									
Other – please specify:									
Time of Birth Requests – Please specify your mothers' full name and DOB at the time of birth									
Mother's Previous Surname (if any):									
Mother's Surname:									
Mother's Given Name(s):									
Mother's Date of Birt									



7.	Type of Access Re	equested					
Photocopy of the medical record via:							
0	Collection via St Vincent Hospital (please see location sites below)		0	Registered Post	0	Electronically via email (not available for large records)	
Other access of the medical record (NB: Please contact your HIS site below for more information):							
0	Amend personal information contained in the records		0	Personally view records	0	Explanation of the records	
8. Acknowledgement of Fee							
I acknowledge that there is a fee involved in providing the requested information and that payment is required on or prior to collection. An invoice for access to the medical record will be forwarded and I agree to be responsible for payment of the fee.							
Applicant Signature:							
Full Name (please print):							
Date:							

END OF FORM PLEASE RETURN TO SPECIFIC Health Information Services SITE LISTED BELOW

State	Hospital(s)	Contact Details			
NSW	St Vincent's Private Hospital Griffith	Refer St Vincent's Private Hospital Melbourne below			
	St Vincent's Private Hospital Sydney The Privacy Officer Health Information Services Department	406 Victoria Street Darlinghurst NSW 2010 Phone: (02) 8382 7468 Fax: (02) 8382 7275 Email: SVPHS.medicalrecords@svha.org.au			
	Mater Hospital, North Sydney The Privacy Officer Health Information Services Department	PO Box 958 North Sydney NSW 2059 Phone: (02) 9900 7539 Fax: (02) 9957 7756 Email: Mater.MedicalRecords@svha.org.au			
QLD	St Vincent's Private Hospital Northside and St Vincent's Private Hospital Brisbane The Privacy Officer Health Information Services Department	627 Rode Road Chermside QLD 4032 Phone: (07) 3326 3656 Fax: (07) 3326 3535 Email: <u>SVPHN.Privacy@svha.org.au</u>			
	St Vincent's Private Hospital Toowoomba The Privacy Officer Health Information Services Department	22 - 36 Scott Street Toowoomba QLD 4350 Phone: (07) 4690 4000 Fax: (07) 4690 4289 Email: TOHIS@svha.org.au			
VIC	St Vincent's Private Hospital Melbourne (SVPHM) The Privacy Officer Health Information Services Department	75 Victoria Parade Fitzroy VIC 3065 Phone: (03) 9411 7695 Fax: (03) 9231 6852 Email: HIS.General@svha.org.au			