



# Application for access to your health records.

Please complete this page to apply for access to information about yourself.

## Applicant Details

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Brightwater Facility / Service: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: (H): \_\_\_\_\_ (M): \_\_\_\_\_

## Details of Request

Describe clearly the documents you are requesting access to (include dates, location or any other information which would help identify the documents you are seeking)

\_\_\_\_\_  
\_\_\_\_\_

Please outline the reason you wish to access these document/s (optional)

\_\_\_\_\_  
\_\_\_\_\_

Please specify the form of access (eg: review the documents)

\_\_\_\_\_  
\_\_\_\_\_

## Fees and Charges

I acknowledge that I must pay for the provision of the documents requested herein. Charges may comprise of administration fees and, if applicable, a photocopying / printing fee of \$0.50 per A4 black and white page, as well as any courier and delivery costs. I understand I will be notified of all costs prior to the provision of access to the requested documents.

## Supporting documents

I have attached a copy of my identification:  Yes  No

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

### [BRIGHTWATER USE ONLY]

Received on: \_\_\_\_\_ at (Site/Service): \_\_\_\_\_

Proof of Identity: Type: \_\_\_\_\_ Original ID sighted:  Yes  No

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date sent to Health Information Services (BWH): \_\_\_\_\_ URN: \_\_\_\_\_



# Application for access to information.

Please complete this page to apply for access to information about another person.

### Applicant Details

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Brightwater Facility / Service: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: (H): \_\_\_\_\_ (M): \_\_\_\_\_

### To access information about another person, provide their details below:

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Brightwater Facility / Service: \_\_\_\_\_

Your relationship to this person: \_\_\_\_\_

Please note: if you are applying for access to information about another person, you must provide documents (such as Guardianship Orders) which authorise your access; or their consent to release the information to you, in addition to your proof of personal identification details.

### Details of request

Describe clearly the documents you are requesting access to (include dates, location or any other information which would help identify the documents you are seeking)

\_\_\_\_\_

Please outline the reason you wish to access these document/s (optional)

\_\_\_\_\_

Please specify the form of access (eg: review the documents)

\_\_\_\_\_

### Fees and Charges

I acknowledge that I must pay for the provision of the documents requested herein. Charges may comprise of administration fees and, if applicable, a photocopying / printing fee of \$0.50 per A4 black and white page, as well as any courier and delivery costs. I understand I will be notified of all costs prior to the provision of access to the requested documents.

### Supporting documents

I have attached a copy of the following:

My identification:  Yes  No

Guardianship Orders:  Yes  No  N/A

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

### Consent from Resident / Client (complete if applicable)

I \_\_\_\_\_ (print name) hereby authorise Brightwater Care Group Limited to disclose the information listed above to the applicant.

Resident/Client signature: \_\_\_\_\_ Date: \_\_\_\_\_