



Application to Amend Health Records.

Applicant Details

Title: _____ Given Names: _____ Surname: _____

Address: _____

State: _____ Postcode: _____

Phone Numbers: (H): _____ (M): _____

To amend information about another person, please 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 on behalf of another person, you must provide documents (eg Guardianship Orders) which authorise your request; or their consent to act on their behalf, in addition to proof of your personal identification details.

Details of Requests

Describe clearly the documents / information you are requesting to be amended (include dates, author, subject matter and any other information which would help identify the documents you are requesting to be amended)

Reason for Amendment

Please indicate the applicable reason the information listed above requires amending.

- Inaccurate Out of date Incomplete Misleading

Please outline why you consider the information to be inaccurate / out of date / incomplete / misleading

Form of Amendment

Please indicate the type of amendment requested

- Alteration Insertion Insert a file note Other

Please specify the changes you require _____

Supporting documents

I have attached a copy of the following:

- My identification Yes No Guardianship Orders Yes No N/A

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: _____