

Request access to information of another person

This form is for the purpose of accessing information held about another person. You must have appropriate legal authority to do so, such as written consent of person of interest, guardianship, administrator, Enduring Power of Attorney (EPA), Enduring Power of Guardianship (EPG), Power of Attorney (POA).

Applicant Details

Title: Given Names: Surname:
Relationship to person of interest:
Address:
State: Postcode:
Phone Numbers: (H): (M):

Client Details

Title: Given Names: Surname:
Date of Birth: Brightwater Site / Service:

Details of Request

Describe clearly the documents you are requesting access to:

.....
.....

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

.....
.....

Fees and Charges

The requesting person may be asked to cover the costs of production. Charges may comprise of administration costs, printing costs and delivery costs. Brightwater will notify you of these costs prior to the provision of access.

Supporting documents

I have attached a copy of my identification: Yes No

Applicant's signature: Date:

Please return this completed form by post to Brightwater Central, 2A Walter Road West, Inglewood WA 6052 or email to HealthInformation@brightwatergroup.com

[BRIGHTWATER USE ONLY]

Received on: at (Site/Service):

Proof of Identity - Type: Original ID sighted: Yes No

Staff Name: Signature:

Date sent to Information Management (BWH): URN: