Ballarat Health Services
Putting your health first®

RELEASE OF PATIENT INFORMATION REQUEST FORM

BHS U.R. No.:

Surname:

Given Names:

D.O.B.:   Sex:

Address:

USE ID LABEL IF AVAILABLE

GP/Clinician: PLEASE COMPLETE AND FAX TO BHS HEALTH INFORMATION SERVICES ON 5320 4829

Date:

Details of Requestor: (Please complete details or use doctor stamp)

Name:

Hospital/Practice/Other:

Phone No: **Fax No:**

Request: ☐ **Urgent**   ☐ **Next Day**   ☐ **Not Urgent** (Within 5 working days)

GP/Clinician Signature: _____

Information Required: (Please tick and specify dates if known)

☐ **Discharge Summaries**

☐ **Outpatient Correspondence**

☐ **Operation Reports**

☐ **Investigations**

☐ **Other**

Office Use Only:
(Please tick when sent)

_____

_____

_____

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_____

Patient Consent Details: (Please tick & sign as appropriate)

☐ I, the above named patient consent to the release of health information (including test results etc) about past and present illness to the Doctor or health care provider making this request. I understand this is necessary for my ongoing treatment.

_____ **Date:____/_____/_____**
Patient Signature

☐ It is impractical to provide patient consent at this time. I verify that I am treating this patient and the information is required for their ongoing treatment.

_____ **Date:____/_____/_____**
GP/Clinician Signature

Office Use Only:

Staff Receiving Request:_____ **Date:____/_____/_____ Time:_____**

Staff member checked medical record for MR/052.0 or 052.1 (Use & Disclosure form) ☐

Information Sent By: ☐ **Fax**   ☐ **Mail**   **Number of pages sent:_____**

Staff Name:_____**Date:____/_____/_____ Time:_____**

BHS endeavours to comply with the Health Records Act 2001 and other relevant legislation when handling health information. The health information enclosed is being provided to you on the understanding that it is to be used for its primary purpose or for a directly related secondary purpose. Disclosure of this health information to your service imposes on you an obligation to treat this information confidentially and in accordance with legislative requirements of the Health Records Act 2001 and Health Services Act 1988.

MR052.02

RELEASE PATIENT INFORMATION MR/052.02