Electra Park Medical Centre

154 High Street Road, Ashwood Vic 3147
Ph: 03 9807 1311 Fax: 03 9888 1449

Request for Personal Health Information

1(a) Patient Details (Please print in BLOCK LETTERS)

Family Name _____ Given Name/s _____

Address _____

Date of Birth _____/_____/_____

1(b) Applicant_____ **Relationship to Patient:** _____
(if not the patient)

2. Health Information Requested: Please tick

- ☐ Pathology Results Specify date/s _____
- ☐ X-Ray Results Specify dates _____
- ☐ Other Test Results. Please specify _____
- ☐ A Summary of My Health Record
- ☐ Health Record – detailed
- ☐ Current medications
- ☐ Correspondence on file
- ☐ Other. Please give details_____

3. How Would You Like To Receive This Information?

- ☐ View and inspect information. I will make a time with reception
- ☐ View, inspect & discuss contents with my doctor. I will make an appointment at reception.
- ☐ Obtain a copy - collect
- ☐ Obtain a copy - send via mail
- ☐ Obtain a copy - via Fax No _____
- ☐ Obtain a copy – via email _____

Fees may be charged. Please request information about our charging policy.

Signature of Applicant _____ **Date** _____/_____/_____

Office Use Only	*Staff to initial & date each entry*
☐ Date request received _____	
☐ Acknowledgment date _____	
☐ Identification verified *known to staff/licence/passport/other;* _____	
☐ Appointment made with doctor? Y/N Date & Time _____	
☐ Patient to collect Expected Date _____	
☐ Doctor advised, prior to release ☐ Noted in patient record	
☐ Record checked & ready for patient ☐ Data Removed/deleted Y/N	
☐ Method of access: View/View & Dr/Copy & collect/Copy & send _____	
☐ Fee Charged? Y/N Amount $ _____ (excl GST) Fee received $_____	
☐ Access process complete (record viewed/sent) Date _____	