

Application to Access Patient Health Care Records

PATIENT DETAILS

Please Note: If the applicant holds both records for The Children's Hospital at Westmead and The Sydney Children's Hospital Randwick and you require a copy of the Health Care Record from both sites please complete a separate application for each site

MRN: _____ The Children's Hospital at Westmead The Sydney Children's Hospital Randwick

Patient Surname: _____ DOB: _____

Previous Surname: _____

Given Name: _____

Previous Given Name/Also Known As: _____

Hospital Attendance Dates (If Known): _____

APPLICANT DETAILS

PLEASE NOTE: If you are requesting documents relating to the personal affairs of another person on their behalf and the patient is over the age of 14, they must give consent and ID is required from both the patient/client and the applicant. Proof of relationship must be provided.

Applicant Surname: _____

Applicant Given Name: _____

Postal address for correspondence and documents: _____

State: _____ Postcode: _____

Home/Work Telephone Number: _____ Mobile Number: _____

Applicant's Signature: _____ Signature Date: _____

Are there any custody/access orders or other court orders e.g AVO in place: No Yes (please provide a copy)

REQUEST DETAILS

Copy of Health Care Record: View Health Care Record:

Please select what items you would like to request from the Health Care Record:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Clinical Progress Notes | <input type="checkbox"/> Discharge Summaries | <input type="checkbox"/> Test Results |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Clinic reports/Correspondence | <input type="checkbox"/> Videos |
| <input type="checkbox"/> Others (specify) _____ | | |

If you have selected to View the Health Care Record please nominate a suitable time and date:

Films of Medical Images – Xrays, CT Scans & ultrasounds need to be requested from the Medical Imaging Department see over leaflet on instructions how to request from Medical Imaging

IDENTIFICATION REQUIREMENTS

Two forms of identification from the list below are required one must be a photo ID and at least one with a signature. One form of identification must be proof of relationship. Please attach certified copies with this application form. Alternatively you can apply in person at the Health information Unit and have the Medico Legal Team view the original of Identification.

- | | | |
|---|--|--|
| <input type="checkbox"/> Current Australian Drivers Licence | <input type="checkbox"/> Current Passport | <input type="checkbox"/> Pensioners Card |
| <input type="checkbox"/> Social Security/Health Care Card | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Medicare Card |
| <input type="checkbox"/> Other: _____ | | |



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FEES AND CHARGES	
Viewing the Health Care record	No Charge. An appointment with a Health Information Manager will be made for you to view the record. No printing is allowed at the time of viewing. If you require a copy of the Health care Record you will need to apply for a copy
Copy of the Health Care Record	A \$30 fee applies to all applications for a copy of the Health Care Record which includes search fee, photocopying charges, labour costs, administrative charges and postage. Please forward payments to The Children's Hospital at Westmead or The Sydney Children's Hospital Randwick depending on which facility you are requesting from. A search fee will be charged for the record irrespective of whether the health record is found. An additional per page rate of 41cents in excess of the eighty pages applies. (Front and back charged separately)
Other Material	An additional charge at cost recovery for the provision of other materials such as audio-visual tapes and copies of photographs will apply. CD download \$10.00 per CD.
Health Care/Pension Card	50% reduction in the application fee applies to the applicants. Making the application fee \$15.00. A copy of the Health Care/Pension Card must be attached to the application in order for the reduction in fees to apply.

PLEASE MAIL YOUR COMPLETED FORM TO

CHW Westmead:	SCH Randwick:
Medico-Legal Health Information Unit Children's Hospital at Westmead Locked Bag 4001 WESTMEAD NSW 2145	Medico-Legal Health Information Unit Sydney Children's Hospital Randwick High Street RANDWICK NSW 2031

IMPORTANT INFORMATION FOR APPLICATIONS

- **Patients between the ages of 14-16 are entitled to access their own Health Care Record however will also need to provide written signed consent from the Parent/Legal Guardian**
- Parents/guardians seeking documents relating to personal affairs of a patient **over the age of 14 will require the written signed consent from the patient** before the application is processed.
- **Complete Application fee of \$30 or \$15 (concession discount) must accompany all applications for copies of Health records.** If a reduction in fees is being claimed a copy of a valid Health Care Card or Pension Card is required for the application to be processed. Cheque, money orders and cash are accepted.
- **A copy of two forms of identification must accompany all applications. The acceptable forms of identification are listed under "Identification Requirements". Any copies of identification need to be certified** or alternatively you can attend the HIU department and have the original ID sighted. If applying for your own record and you have changed your name since your last attendance at the hospital, a copy of a document with your previous name is required. **If applying for someone else's record, proof of relationship must be provided.**
- When applying for a record of a deceased person, acceptable proof is required.
- Custodial Access: If there are custodial issues, supporting documentation must be provided i.e. current court orders relating to custody/guardianship.
- Consent from the case manager is required for children under the care of Family and Community Services (FACS).
- We will strive to complete your request within **21 working days** and will contact you if this time frame needs to be extended.
- To request Medical Imaging Films on CD for CHW patients please direct your enquiry to schn-chw-xray@health.nsw.gov.au alternatively please contact Medical Imaging on (02) 9845 2931. Please be advised that this service incurs a \$30.00 fee.
- To request Medical Imaging Films for SCH patients please direct your enquiry to powmi@health.nsw.gov.au alternatively please contact Medical Imaging on 9382 0300