Health Record Access Form

For clients requesting access to health records. This form is not for transfers of health records to another health provider, please use Transfer of Health Records form.

Section 1	**Your details (the applicant)**
We collect your details so we can respond to your application; we will only use your details for this purpose. Where your full details are not provided, your application for access to documents may be denied.	First Name | Last Name Other names known by Street Address State | Postcode | Telephone: Date of Birth (day) (month) (year) By making this request, you consent to cohealth disclosing your identity and knowledge of this application to other persons for any reasonable consultations necessary for processing your application. (E.g. Consultations may be with individuals also listed in the documents you seek.)
!	Along with this application form, you must provide proof of your identity with either sighting original documents or providing a certified copy of ONE of the following forms of identification: Australian Drivers Licence, Australian Passport, Medicare Care Card, Health Care Card, Pension Card or Veteran Card.
Section 2	**Client Details**
We need to know whose health information you are seeking. We require proof that you have authority to access health information about another person.	Are you seeking access to documents about yourself or another person? Myself ☐ Move to section 4 (page 2) Another person ☐ Complete details below First Name | Last Name Other names known by Street Address State | Postcode | Telephone: Date of Birth (day) (month) (year) Relationship to you Does the client know that you will be requesting their health information? Yes ☐ No ☐ cohealth may need to contact the client while we are processing the application.
!	Along with this application form, you must provide proof that you have authority to act for the client named above through sighting original documents or providing certified copies. E.g. Power of Attorney, Legal Guardianship.
Section 3	**Deceased client's records**
cohealth will only release records of deceased clients to the authorised party (i.e. Next of Kin, Court appointment)	What is your relationship to the client? Partner/spouse ☐ Child ☐ Parent ☐ Sibling ☐ Executor/Administrator ☐ Other ☐_____ Please provide evidence of your relationship to the deceased.

cohealth is bound by Commonwealth and Victorian privacy laws, therefore any information you

Free interpreter service available or call **131 450**

cohealth
care for all

Section 4	Details of the request
You have the right to access your health record and request correction to information. The decision to grant access will be based on legislation and the health privacy principles. For more information, please see the "Privacy Policy" on our website	**Q1. What is the reason for your request for records?**
	Q2. How would you like to access the health record?
	a. View the record at one of the cohealth sites ☐
	Which cohealth site:
	Do you require an interpreter? Yes ☐ No ☐ If yes, which language?
	b. Receive a photocopy of the records ☐ (please answer the next question)
	How would you like to receive the photocopy?
	c. Registered post to the applicant's address provided ☐
	Collection from cohealth site ☐ Which site
	Q3. Date range for records: All Records held ☐
	Specific date range ☐ From: To:
	Q4. Do you want access to: All your records ☐ **OR** select parts of record below:
	Medical ☐ Dental ☐ Physiotherapy ☐ Dietitian ☐ Counselling ☐
	Occupational Therapy ☐ Podiatry ☐ Victims Assistance Program ☐
	NDIS ☐ Other (describe) ☐
Your Signature	Please sign: Print name: Date:
! Have you included	**!** Attach a certified copy of your identification **!** Attach a certified copy of your proof to act for another person, if applicable **!** Signed and dated the form in the space above.
	How to submit this application
	1. In person at any cohealth site with original documents to be sighted 2. e-mail this completed form with copies of the certified documents required to privacy@cohealth.org.au
Next Steps	✓ We will assess your request in accordance with the Health Records Act 2001 and will contact you within 45 days of receiving this form ✓ Costs may be associated with your request in line with the Health Records Act 2001. When we contact you, we will let you know if there are any costs. Full details of costs available at: https://hcc.vic.gov.au/public/health-records
Still have a question?	If you have any questions or require assistance in completing this form, please contact the Privacy Officer on (03) 9448 6102 or privacy@cohealth.org.au. Information about our Privacy Policy can be found on our website: www.cohealth.org.au/privacy

Form received date:		Date uploaded to PM 8	