

Accessing Your Medical Record

In accordance with the National Privacy Principles Amendment Act 2000, as of 21 December 2001, patients have right of access to their health information.

The following procedure has been developed to ensure that all requests for access are dealt with as fairly and efficiently as possible.

1. All requests for access to records will be made in writing and addressed to the attention of the Office Manager or General Manager.
2. Requests for access will be acknowledged, in writing, within seven days the receipt of request.
3. Applicants are required to complete the standard consent form and to be bound by the terms of this document.
4. The total time from receipt of the request for access and the time access is granted shall not, ordinarily, exceed 30 days. Where it is not possible for access to be granted within 30 days, you will be notified in writing advising when access will be granted.
5. Where access is refused to your medical file you will be advised in writing of the reasons for refusal. Your doctor will contact you to discuss whether there are any means by which access may be facilitated.
6. You will not be permitted to remove any of the contents of your medical file from the Albury Day Surgery, nor will you be permitted to alter or erase information contained in the medical record.
7. The fee for providing hard copies of medical records is in line with NSW Government \$33.00 initial fee. Additional fees may apply if the record exceeds 80 pages. This fee is inclusive of postage and handling.
8. You can ask for your health information to be given to you in a particular way — by email, phone, hard copy, electronic record, in person, or sending a copy to another health service provider.
9. Records are kept as per NSW state Government requirements, that is 7 years from the last occasion on which a health service was provided, or in the case of individuals under the age of 18 years – until the individual is 25 years old.

Should you have any queries in relation to the above, the Albury Day Surgery staff are happy to address these for you.

Please see the below website for information on your rights when accessing your medical records:

<https://www.oaic.gov.au/privacy/your-privacy-rights/health-information/access-your-health-information>

The following page has a template for requesting your records which you may wish to use and send to us at:

Albury Day Surgery
4 Baker court
West Albury NSW 2640
Tel: 02 6041 1511
Email: admin@alburydaysurgery.com.au

Request To Access Medical Records

Family Name: _____ Given Name/s: _____
 Previous Name (if applicable): _____
 Date of Birth: _____ MRN (if known): _____
 Phone: _____
 Current Residential Address: _____

 Address at Time of Admission (if known): _____

IF THIS REQUEST RELATES TO THE HEALTH INFORMATION OF ANOTHER PERSON

Family Name: _____ Given Name/s: _____
 Date of Birth: _____ Phone Number: _____
 Current Residential Address: _____

 Relationship to Applicant: _____

CONSENT

I, _____
 Patient/Third Party Representative

authorise Albury Day Surgery to provide access to health information relating to **myself / a nominated third party** (cross out whichever does not apply).

I understand that access to health information will be provided in a manner consistent with applicable privacy laws. I acknowledge that:

- I am not permitted to remove original medical records from the premises of Albury Day Surgery.
- I am not permitted to alter, amend, or erase any information contained within the medical record.
- I may request copies of some or all of the health information held about me. Where hard-copy records are requested, a reasonable fee may apply.
- Access to copies of health information may not be immediate, however the information will be provided as soon as practicable following the request.

I understand that access may be provided by inspection, by providing copies, or by another appropriate method, depending on the circumstances and in accordance with privacy legislation.

_____ Signature of Patient	_____ Date
_____ Signature of Nominated Third Party	_____ Date

If you are requesting health information relating to the personal affairs of another person, on their behalf, they must give consent. Note: ID is required from both the patient and the applicant. In the event that the person is deceased, the applicant must have consent of the authorised representative. Proof of relationship is required. If you are the person's authorised representative, a copy of the relevant legal documentation is required.

Format of files requested: Electronic: ☐ Hardcopy: ☐