

Under the *Privacy Act 1988* (Cth) an individual may request access to medical records personal information held by Healthdirect Australia. A request for access may be made by completing and submitting this form, along with the required certified documents, to the contact details listed on page 4.

1. Consumer Details

Surname:

Previous Surname (If any):

Given Names:

Date of Birth (DD/MM/YYYY):

2. Are you applying to access your own personal records? *(Please tick)*

No *Go to next question*

Yes *Go to Question 4*

3. Applicant Details (if you are not the consumer)

Surname:

Previous Surname (If any):

Given Names:

Date of Birth (DD/MM/YYYY):

What is your relationship to the consumer? *(Please tick)*

If you are requesting the records on behalf of someone else, you must attach a certified copy of the applicable document listed below. Certified copies are documents certified by an authorised person as true copies of original documents. For more information about the certification of documents, please see page 5.

Guardian or Administrator *(Attach Order)*

Executor *(Attach Grant of Probate, or Letters of Administration)*

Guardian or Administrator *(Attach Order)*

Enduring Power of Attorney *(Attach Power of Attorney)*

Medical Treatment Decision Maker *(Attach Appointment of Medical Treatment Decision Maker)*

Parent *(Attach Child's Birth Certificate)*

Other Capacity *(Detail below and attach proof)*

Details:

4. Applicant Contact Details

Postal Address (for delivery of records):

State:

Postcode:

Home Phone Number (include Area Code):

Mobile Phone Number:

Email Address:

5. Personal Records Requested (*please tick*)

Complete Personal Record

Partial (Describe the dates, calls or documents required below)

Details:

6. Additional Information

Name of Healthdirect Service/s used:

Date of contact (If known):

Phone number used to contact the services (If known):

Signature of Applicant:

Print Full Name:

Date:

By signing and submitting this form, you acknowledge that Healthdirect Australia collects your personal information contained in the form for the sole purpose of locating, verifying and providing access to the personal records requested, in accordance with Healthdirect Australia's obligations under the *Privacy Act 1988* (Cth).

We require evidence of the identify of an applicant. A completed request must include certified copies of the documents listed below, totalling a minimum of 100 points.

Only certified copies of documents should be provided to satisfy the 100 point check. Do not provide original documents. Identification must be current and should include at least one type of photographic ID and identification that contains a signature and date of birth.

Documents	
Primary documents <i>(tick provided)</i>	Points
<input type="checkbox"/> Birth Certificate	70
<input type="checkbox"/> Birth card issued by the NSW Registry of Births Deaths and Marriages	
<input type="checkbox"/> Citizenship Certificate	
<input type="checkbox"/> Current Australia Passport	
<input type="checkbox"/> Expired Australian Passport which has not been cancelled and was current within the preceding two years	
<input type="checkbox"/> Current passport from another country or diplomatic document	

Secondary documents – must have a photograph and a name <i>(tick provided)</i> . The first item from this list is worth 40 points. Any additional items used are worth only 25 points each.	Points
<input type="checkbox"/> Current driver photo licence issued by an Australia state or territory	40
<input type="checkbox"/> Identification card issued to a public employee	
<input type="checkbox"/> Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit	
<input type="checkbox"/> Identification card issued to a student at a tertiary education institution	

Document – must have name and address <i>(tick provided)</i>	Points
<input type="checkbox"/> Document held by a cash dealer giving security over property	35
<input type="checkbox"/> A mortgage or other instrument of security held by a financial body	
<input type="checkbox"/> Council rates notice	
<input type="checkbox"/> Document from current employer or previous employer within the last two years	
<input type="checkbox"/> Land Titles Office record	
<input type="checkbox"/> Document from the Credit Reference Association of Australia	

Documents cont.

Document – must have name (tick provided)	Points
<input type="checkbox"/> Current credit card or account card from a bank, building society or credit union	25
<input type="checkbox"/> Current telephone, water, gas or electricity bill	
<input type="checkbox"/> Foreign driver's licence	
<input type="checkbox"/> Medicare card	
<input type="checkbox"/> Electoral roll compiled by the Australian electoral Commission	
<input type="checkbox"/> Lease / rent agreement	
<input type="checkbox"/> Current rent receipt from a licensed real estate agent	
<input type="checkbox"/> Records of a primary, secondary or tertiary education institution attended by the applicant within the last 10 years	
<input type="checkbox"/> Records of a professional or trade association of which the applicant is a member	

Certification

The certified copy must include the statement:

"I certify that this is a true copy of the original document as sighted by me".

The certifier must also include their full name, signature, date, registration number (if any) and qualification or occupation, address, phone number.

A person from the list below can certify documents:

- An accountant (member of a recognised professional accounting body or a Registered Tax Agent).
- A person listed on the roll of the Supreme Court of a State or Territory or the High Court of Australia as a legal practitioner.
- A barrister, solicitor or patent attorney.
- A police officer.
- A postal manager.
- A principal of an Australian secondary college, high school or primary school.
- A medical practitioner.
- A Justice of the Peace (with a registration number in the State in which they are registered).
- A minister of religion.

Privacy

For further information on Healthdirect Privacy, please visit: <https://www.healthdirect.gov.au/privacy-policy>

or alternatively

Contact Us

Email: privacy@healthdirect.org.au
Phone: (02) 9263 9000
Facsimile: (02) 9283 9180
Postal address: Privacy Officer
Healthdirect Australia
PO Box K411
Haymarket NSW 1240

Notice

Please be aware that if you have chosen to remain anonymous when using Healthdirect Australia services, we may be unable to locate the requested personal records.