



## Administrative Access to Health Records Checklist

Please ensure the following points are completed, as this will assist us in the processing of your application.

- Completed all personal details - Name, Date of Birth and any Aliases
- Contact details - phone number, postal address
- Hospital or Health Service where records are located – Please see our website below for a list of facilities
- Specified documents required - tick relevant boxes or write i.e. operation reports, medications, etc
- Relevant dates stated - approximate dates of treatment or attendance
- GP's details - Name and Medical Practice i.e. Dr Smith at Healthy Medical Centre
- Date required by - to ensure documents are received before they are needed i.e. before your appointment.
- Preferred Access Type - CD or Photocopies – Documents will be supplied on CD unless otherwise indicated

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### Evidence of identity and consent

To protect privacy, appropriate evidence of identity and authorisation is required before we can provide access to personal documents. The following identity documents are required when requesting;

- Your Own information** – Proof of your own identity i.e. drivers license, Medicare card, birth certificate
- Your Child's information** (*parent or guardian*) – Proof of your identity, **and** any other document that establish a parental relationship, or guardianship of the child. i.e. Medicare Card, Birth Certificate
- A Family Member or Friends information** – Proof of your identity, proof of the other persons identity, and their written authorisation permitting you to seek access to their information on their behalf.

Copies of identity documents **must be certified by a Justice of the Peace**, or Commissioner for Declarations. For more information regarding proof of identity documents and authorisations, please see our website or please contact the CQHHS Release of Information Unit before you submit your application.

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### Returning your Application:

#### **By Post:**

Please place completed form in reply paid envelope supplied, ensuring you enclosed a certified copy of your ID, and if requesting information on someone else's behalf, the written consent and certified ID of that person.

#### **In Person:**

Please bring in your ID to be sighted and any other documents you may require, to the Front Reception Desk - 1st Floor - Medical Services Building.

#### **Via Email:**

Completed application can be emailed to the below address. A clear scanned copy (PDF/JPG) of the required certified documents must be included with the application.

***Applications can not be faxed, as a clear identifiable copy of the certified documents is required to be supplied when not making an application in person.***

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**Documents are normally available within 15 working days after receipt of a valid application.**

If you require any assistance with the completion of this application form, please do not hesitate to contact the CQHHS Release of Information Unit

Phone: (07) 4920 6734 Email [cqhhs.roi.privacy@health.qld.gov.au](mailto:cqhhs.roi.privacy@health.qld.gov.au)

Website: <http://www.health.qld.gov.au/cq/> or alternatively please contact your local health service.