Release of Information

MUST ATTACH PATIENT LABEL HERE

SURNAME: ______________________ NHI: ____________

FIRST NAMES: ______________________ DOB: ____________

Please ensure you attach the correct visit patient label

Please complete all sections of this form and provide supporting documentation so your application can be processed

Patient details: – person whose records are to be accessed	
Family name:	NHI:
Given names:	DOB: / /
Also known as:	
Residential address:	

Requestor details:
Name:
Relationship to patient:
Postal address:
Contact phone numbers:

Authority to request this information:	**Supporting copies attached of:**
☐ I am the patient	☐ photo identity
☐ I am the parent / guardian of the child who is under 16 years of age	☐ photo identity (proof of relationship may be required)
☐ I have written consent from the patient	☐ photo identity & written consent
☐ I have lawful authority (e.g. power of attorney) over the person's affairs	☐ photo identity & lawful authority
☐ I have authorisation from the executor of the deceased person's estate	☐ photo identity & lawful authority

Information requested: – select the categories of information requested	
☐ Discharge summary	Date range:
☐ Clinic letter from Outpatient visit	Date range:
☐ Laboratory report	Date range:
☐ Radiology report	Date range:
☐ Other tests (ECG, Echo, etc.)	Date range:
☐ Inpatient Record	Date range:
☐ Outpatient record	Date range:
☐ Other (please specify)	

Request to be actioned by:

In compliance with the Privacy Act, we will respond to your request no later than 20 working days from date of receipt. If you require your documents before this timeframe, please indicate the date below and the reason for this urgency, We will make every effort to meet a shorter timeframe when requested – but this will not always be possible. We will communicate with you should we be unable to meet your requested timeframe.

Date Required by (urgent requests only):

Reason for urgency:

Delivery details:

☐ ***Mail to address above*** ☐ ***Collect from Clinical Records Department***

☐ ***Send electronically to this email address:*** ____________________

Requestor signature:____________________ **Date of Request:**____________________

RELEASE OF INFORMATION

CR2645

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Release of Information

Information Sheet for Requesting Patient Information

Information for your own record or the record of a dependant / family member can be requested from the Clinical Records service.

How do I request?	**My Information?** 1. The request must be in writing and can be made by completing this Release of Information Form. 2. Please include specific details of the information you require, including the dates and the documentation you require, e.g. discharge summary, clinical notes. 3. All requests must be accompanied by proof of identification with a photo and signature (e.g. drivers licence, passport). **Clinical Information for my child?** 1 - 3 as above. You may be asked for proof of relationship to the child. **Please note:** If the request is for a family member who is not a dependant (Dependant = less than 16 years), consent in writing from the person is required. **Clinical information for a relative or friend?** 1 - 3 as above, plus written consent from the patient or, if applicable, a copy of the Power of Attorney. **Clinical Information for a deceased relative?** 1 - 3 as above, plus consent from the Executor/Administrator of the Will, or where there is no will, proof of your relationship to the patient.
How long does it take?	It may take up to 20 working days for us to respond to your request, however, all efforts are made to process all requests as quickly as possible. For complex requests, or requests that require Clinical review, an extension to this time may be required, but the requestor will be informed if a delay is expected.
Urgent Requests	If your request is urgent, you must provide a reason for the urgency and the time-frame within which you require the information and all efforts will be made to meet this time-frame.
How much does it cost?	There is no cost for providing copies of requested documentation. This does not include courier fees which are at the requestors cost.
Receiving your requested information	You can choose to either: - Collect your documents in person (personal identification must be produced at release) - Arrange for a friend or relative to collect on your behalf (your written consent authorising the collection and their photo identity is required at release) - Request for the documents to be mailed to you by standard mail - Request for the documents to be sent securely electronically (this is a new service that means you can receive a secure link to your documents for you to access and download for a limited time. If you would like more information about this option, please contact the Release of Information Team to discuss)
Need help with your request?	If you need any assistance in completing the request form, or have any questions about any of the information above, please contact the Release of Information Team using the contact details below: **Release of Information Team** Clinical Records Department Building 21, Auckland City Hospital Private Bag 92024 Auckland 1023 **Phone:** (09) 3074949 ext. 22283 / 22271 / 22276 / 22282 **Email:** GROI@adhb.govt.nz **Business hours:** Mon-Fri – 9am to 3pm