

This form must be completed and returned together with the production fees, to the **Medico-legal Desk, Clinical Information Department, HNEMMHS, PO Box 833, NEWCASTLE 2300** before any information can be released.

**PATIENT'S DETAILS**

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Given Names: \_\_\_\_\_

MRN (if known) \_\_\_\_\_ Date of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT'S DETAILS**

(Ms/Mrs/Miss/Mr): Surname \_\_\_\_\_

Given Names: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship to Patient: Self  Parent  Other (please specify) \_\_\_\_\_

**YOUR REQUEST**

1. Describe clearly the documents you require: (Include dates of attendance if possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you require **partial** copies (only registration form, discharge summary, case notes) or **complete** copies (include entire contents of record eg all pathology, temperature charts, obs charts, medication sheets, property lists, bowel charts etc)

\_\_\_\_\_

3 Reason for this request (optional):

\_\_\_\_\_  
\_\_\_\_\_

I request the information be:  Posted to the above address  
 Posted to \_\_\_\_\_  
 I will collect from CID Mental Health Service @ The Mater Campus

Please tick boxes where appropriate.

**FEES AND CHARGES**

*Please refer to information on the back of this form.*

Enclosed is a cheque/Cash for \$33.00  (includes GST)

Please make cheques payable to Hunter New England Health Service

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return this form to:** Medico-legal Officer  
Clinical Information Department  
Hunter New England Mater Mental Health  
Service  
PO Box 833  
NEWCASTLE NSW 2300

### INFORMATION FOR APPLICANTS

- Please try to include as much detail as you can to help us identify the documents that you are requesting.
- When requesting documents you will be asked to provide original or **authenticated copies** (*ie Authorised by Justice of the Peace or Births Deaths & Marriages*) of proof of identification ie. Passport, Drivers licence, Medicare Card etc
- **If you are requesting documents relating to another person, on their behalf**, you will be asked to provide a signed letter of consent from the patient authorising the release of information to you. This authorisation must include a statement from the patient/client that *"I understand that this person will have access to my complete medical record unless specified otherwise above."* Be aware that medical records may contain personal as well as health related information.
- **If you are a legal guardian requesting documents**, you will be asked to provide proof of legal guardianship.
- **Timeframe:** Your request will be dealt with as soon as possible – usually within 21 days of payment being received.

### FEES AND CHARGES

The application fee is **\$33.00 (Maximum of 80 pages)**.

- **Pages in excess of eighty incur a photocopying cost of \$0.385** – you may choose to specify partial copies of records to assist in reducing this cost.

**IF YOU REQUIRE FURTHER INFORMATION PLEASE CONTACT THE  
MEDICOLEGAL OFFICER ON: (02) 401 43793**