

Applicant details

The applicant must be the person to whom health information pertains.

1. **Surname**

2. **Name**

3. **Date of birth**

Example: 15 December 2012

4. **Address**

5. **Suburb**

6. **Postcode**

7. **Phone number**

8. **Email**

Record required

Please enter a consultation date for each consultation report you are requesting access to.

9. **Type of record required**

Mark only one oval.

consultation report

Other: _____

10. **Consultation date**

Example: 15 December 2012

11. **Consultation date**

Example: 15 December 2012

12. Consultation date

Example: 15 December 2012

13. Applicant signature

14. Signature date

Example: 15 December 2012

Consent for release of health information to authorised representative

Please fill this section if you wish to authorise another person to access your records

15. Name of Authorised representative

16. Address of Authorised representative

17. Signature of applicant (person giving authorisation)

18. Date of signature of applicant

Example: 15 December 2012

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