

# Request for Access to Health Records



<b>Family name:</b>	<b>Given name(s):</b>
<b>Date of birth:</b>	
<b>Your address:</b>	
<b>Best contact phone number:</b>	

Are you requesting on behalf of another person?      Yes    No    (please circle)

Are you their legal guardian?                              Yes    No    (please circle)

**If yes, please give their details below:**

<b>Family name:</b>	<b>Given name(s):</b>
<b>Date of birth:</b>	
<b>Address:</b>	
<b>Best contact phone number:</b>	

## This request is about (please tick one)

- all my records
- records relating to these services .....
- records relating to this time .....

## I would like (please tick one)

- A copy of my health record
  - as a paper copy     on a CD
- I want a copy of my health record sent to the organisation named below  
.....
- Other (please give details)  
.....

.....  
 Signature of person making request                              Signature of parent/guardian (if under 18)

.....  
 Name & signature of interpreter used to assist with consent      Date