



NHI: _____

DATE STAMP

December 2006

Request Access To Clinical Information

Please Read Before Completing This Form.

- Your request may take up to **20 working days** to action. Please indicate if your request is **urgent** with a reason (e.g. Doctor's appointment on ...)
 - When requesting your information, a copy of a signed photo id must be attached to this request form.**
 - When requesting another person's information, their consent is required.**
NOTE - Once a child turns 16 their parents or guardians have no special rights to access their health information.
However, rule 11(2)(b) of the code allows health practitioners to disclose health information to a principal caregiver or near relative. The disclosure must be in line with recognised professional practice and there must be some reason why it is not desirable or practical to get the individual's permission for the disclosure (for instance they are unconscious or very unwell).
- IMPORTANT - Please refer to page 3 regarding children or **deceased patient records**.
- Please complete page two of this consent form before submitting.

Patient/Client details (need the name on the records to be released)

Full Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____
(where appropriate)

Contact Phone: _____

Signature: _____

Date Requested: _____

Requestor details (if different from Name on records requested to be released)

Full Name: _____

Address: _____

Contact Phone: _____

Signature: _____

Relationship to Patient/Client: _____
(if a parent or guardian, please read details overleaf)

Purpose/Reason for Access: _____

Urgent Request? YES / NO **Date required by** (not "asap"): _____

Reason, if urgent: _____

Please complete details overleaf

What information are you requesting access to?

Please be specific about the date period and what services you are requesting information for as more than one record may exist (e.g. "I request information for my Obstetric birth records 1996" or "1987 admission to hospital" or "copies of all information related to broken right arm" or "District Nursing visits since 2002")

Please identify how you would like to receive your information :

- **I will collect – please ring me when ready**
- **Post to me at address identified**

Note: If requesting an entire copy of your records, then an appointment to view the records maybe necessary due to size or volumes involved.

The 20 working days rule maybe invoked dependant on the total requests received that month.

Information for parent or guardian requestors

All decisions are assessed based on the child's maturity not their age. This means that a child under 16 may result in the child consent being required. All requests are assessed on a case-by-case basis in conjunction with a Paediatrician or Clinical Staff Member to ensure the child's interests are considered before any disclosure occurs. Please sign the declaration, if this request is to access a child's clinical record...

I certify no Protection Order exists in my name, restricting access to the Patient/Client named on this consent form. I confirm the Patient/Client is not under the care and protection of the Child, Youth & Family Service (CYFS).

Your Name: _____

Signature: _____

Relationship: _____

Information for requestors of Deceased patient/client records

The executor appointed by the deceased is the only person(s) who is able to complete this consent form for anyone who has been deceased for less than 10 years.

If no will exists, consideration maybe given to approving this request if all 'significant' members of the family, support this request. If not, "Letters of Administration" issued by the high court will be required. (A copy of the Will documenting executor, high court order or supporting letter(s), from the family, must be attached to this form.)

Information for requestors when 'enduring power of attorney'

Requesting information for patients/clients, who can no longer make decisions on their care and welfare, requires a copy of an "Enduring power of Attorney – Care and Welfare" document to be attached to this request.

Where to post or email the completed form or I have a question to ask?

The Privacy Officer

Timaru Hospital, South Canterbury DHB
Private Bag 911
Timaru 7940

Phone: 03 687 2288
Fax: 03 687 2129
Email -privacy@scdhb.health.nz
www.scdhb.co.nz

NOTE : Forms can be dropped back to the main hospital front reception in an envelope marked ATTN: Privacy Officer also