

Administrative Access to Medical Records Application

Please read the following information carefully before proceeding with your application.

Use this application form to request access to **your own medical records** held by Gold Coast Health.

For all other records, consider making a formal application to access documents under the Right to Information (RTI) Act 2009 or the Information Privacy (IP) Act 2009. This form is available at www.rti.qld.gov.au. We may choose to process your request under the RTI Act or IP Act if we deem it more efficient to do so.

If in doubt, contact Gold Coast Health's Right to Information and Privacy Office.

Processing Time

We aim to process all Administrative Access requests within **25 business days** (5 weeks). In some cases this may take longer. There is no legislatively mandated time frame for responding to these requests. If you have a specific date by which you require information, please indicate this on your application. Whilst every effort will be made to process a request by a specified date, it cannot be guaranteed.

Fees and charges

There is no application fee and there are no processing charges for access to your own medical records. Requests for copies of medical imaging films may incur charges.

Delivery

You can choose to have receive the records electronically through the secure file transfer software Kiteworks. If you select this option, please provide an email address and you will receive an email with a link to the records you have requested. If you did not select to receive your records electronically, we will post a copy of the requested documents on a compact disc by registered post.

Gold Coast Health facilities

You can use the same form to request records from multiple Gold Coast Health facilities. There is no need to make separate applications. Gold Coast Health facilities include the Gold Coast University Hospital, Robina Hospital, Varsity Lakes Day Hospital, Southport Health Precinct, Robina Health Precinct, Helensvale Community Health Centre, and Palm Beach Community Health Centre.

Please **USE BLOCK LETTERS** and blue or black ink to complete this form.

Note: ▲ denotes **Mandatory** field.

Contact Details

You are required to supply your name and an address for correspondence. Additional contact details will help us to deal with your application, and to correspond with you in the manner you prefer.

Title (e.g. Mr, Mrs, Ms, Miss) **Given name/s**

Family name

▲ ▲ ▲

Name used in medical record (complete if the above name is different to the name used in your medical records)

.....

Date of birth

Telephone

Email

▲ ▲

Postal address

▲

Postcode:

Preferred method of contact (please indicate by numbering in order of preference, your preferred method of contact)

Telephone Email Post

Would you like Gold Coast Health to send your records to the above email address using secure file sharing software? If you say No, the records will be sent to your postal address by registered post.

Yes No

Application Details

Requested records <i>(Please describe the records you are seeking)</i>	Date of Record/s <i>(approximate)</i>
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Imaging records

Are you requesting any of the following? *(tick all that apply)*

Note: Requests for imaging films are handled by a different unit of Gold Coast Health. Your request will be forwarded.

Imaging reports *(no charge)* **Imaging films** *(charges may apply)*

Evidence of Identity

You must provide evidence of your identity with this application or within 10 business days of making this application in order for your application to be processed. Please provide a **certified** copy of **one** of the following documents.

Note: A certified copy is considered valid if it is witnessed by a lawyer or notary public, a commissioner for declarations or a justice of the peace or in the case of a prisoner, a corrective services officer.

Current driver's licence **Identifying page of current passport**

Birth certificate or Extract **Citizenship certificate or naturalisation certificate**

Marriage certificate **Documents issued the Australian Government Department of Home Affairs**

Declaration

Privacy Notice: Gold Coast Health is required to manage your personal information in accordance with the Information Privacy Act 2009 (Qld) and the Hospital and Health Boards Act 2011 (Qld). Gold Coast Health is collecting your personal information for the purpose of processing your application to access records. Your information may only be disclosed with your consent, or if authorised by law. For more information please ask for a copy of the Gold Coast Health Privacy Plan.

I declare that:

- The information provided in this form is complete and correct
- I have read the privacy notice
- Where applicable, I have attached documents required for the purpose of this application
- If I cannot attach any required copies of documents, I will provide them to the agency within **10 business days** of making this application

Signature _____ Date _____

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Submit your application

- In person** visit the Main Reception of either Gold Coast University Hospital or Robina Hospital
- By email** GC-RTIP@health.qld.gov.au
- By post** Right to Information and Privacy Office, Gold Coast Health, 1 Hospital Boulevard, Southport, Queensland 4215

Office Use Only

Date received	File Reference	Identity Document Sighted	No <input type="checkbox"/>	Yes <input type="checkbox"/>
.....	Satisfied as to Identity of Applicant	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Date ____/____/____
Receiving Officer <i>(print name)</i>		Receiving Officer Signature		Date ____/____/____	
_____		_____		_____	