

Application to Access Records Held by GCHHS

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

Use this application form to request access to records held by Gold Coast Hospital and Health Service (GCHHS).

GCHHS generally process an application for your own personal information under the Administrative Access Policy. Access under an administrative arrangement does not affect your right to seek access to the documents under the *Right to Information Act 2009* (Qld) (RTI Act). In circumstances where it is decided that the information cannot be released administratively, the person requesting it will be informed by the decision maker that they can apply for access under the RTI Act. You will be contacted by the responsible officer if there are fees payable for your application.

If you have any question, please contact Gold Coast Health's Right to Information and Privacy Unit.

Processing Time

We aim to process all Administrative Access requests within 25 business days (5 weeks). 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. Requests processed under the *Right to Information Act* will have a legislative 25 business day processing period

Fees and charges

There is no application fee and there are no processing charges for access to your own personal information, under the Administrative Access Scheme or RTI Act. There is an application fee for requests of non-personal information under the *RTI Act*, and you may also have to pay processing and access charges.

Delivery

You can choose to 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)

Given names

Family name

.....

.....

Previous Alias (complete this section if you have been known by any other names)

.....

Date of birth

Telephone

Email

.....

.....

Postal address

.....

Postcode:

Preferred method of contact (If our office needs to contact you regarding your application - which is your preferred method?)

Telephone ☐ **Email** ☐ **Post** ☐

Preferred method of delivery of records

Would you like your records to the above email address using the secure file sharing software 'Kiteworks'? Alternatively, the records will be sent to your postal address by registered post on a **disc**.

☐ **Post** ☐ **Kiteworks (secure email link)**

Gold Coast Health
always care

Application Details

1. Which description most closely describes your application for access?

- a. ☐ All of the documents I'm applying for contain my personal information (for example, your own medical records) – **no application fee.**
- b. ☐ I am applying on someone else's behalf (for example, your child's medical records, you are a power of attorney requesting that patient's records, or you have a guardianship order) – **no application fee.**
- c. ☐ I am applying for a deceased patient's records – **non-refundable application fee payable of \$57.65.**
- d. ☐ All other document types - **proceed to question 3.**

2. Are you seeking access to information on someone's behalf?

Yes ☐ **Person's family name** **Given name/s**

.....

Date of birth

.....

3. What records are you requesting?

Requested records (Please describe the records you are seeking)

Date of Record/s

.....
.....
.....
.....
.....
.....

(Please note that the end date of the records requested **MUST** not be dated after the date this application form was signed.)

Evidence of Identity

Evidence of identity

If you are seeking access to documents that contain personal information either in relation to you or on behalf of another person, 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. If you are seeking documents on someone's behalf, both parties must provide evidence of their identities. (If you are not seeking any personal information, you are not required to provide evidence of your identity.)

Applying:

by post — attach a **certified copy** of your identification document to this application form.

in person — produce the original identification document to main reception at Gold Coast University Hospital or Robina Hospital.

by email or fax — post or present a **certified copy** of the identification document to the relevant agency to which you are applying for information.

(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 a pharmacist, or in the case of a prisoner, a corrective services officer. 'refer note below')

Note: Documents that provide sufficient evidence of identity include:

- Current driver's licence
- Identifying page of current passport
- Birth certificate
- Copy of a prisoner's identity card certified by a corrective services officer
- Statutory declaration of an individual who has known the applicant for at least one year (A declaration template can be downloaded at www.court.qld.gov.au/forms).



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 Policy.

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

..... / /

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 (print name)		Receiving Officer Signature					
_____		_____		Date ____/____/____			