BLACK SWAN HEALTH LTD

Form

Request for Release of Client Health Information

Please complete this request to access a client health record and return to quality@blackswanhealth.com.au or alternatively to the below address with attention to the Policy, Risk and Quality Team. This form must be signed by the client or guardian in the case of the client being under 16 years of age.

Name on Client File		**Client DOB:**
Name of requestor		
Requestor Address		
Requestor Contact No	☐ Mobile: ☐ Other: email	
Relationship to Client	☐ Self ☐ Relationship:	
The following certified copy or original documents may be requested if request is approved: * if not self-requestor, evidence to proof your relationship with the client (e.g. birth certificate) * power of attorney or guardianship if you are the legal guardian of a client who is over 18 years of age * at least one of the following Photo ID: current Driver's Licence or current passport		

Information requested	
File access method being requested *Note: a postage and administration fee may be charged	☐ View of client health record ☐ Have the client health record explained onsite ☐ Photocopy of client health record * ☐ Summary Report
Service/ Program Client accessed	
Date/s Client used the Service	
Location of service accessed	

Please note release of information may take up to 30 days

By signing below, I give permission for the one off specified release of my client health record. I confirm that the information provided on this form is true and correct to the best of my knowledge and belief**.**

Signature: _____
(Parent or Guardian if under 16)

Date: ___ / ___ / _____

Name: _____
(Parent or Guardian if under 16)