



THE AUSTRALIAN NATIONAL UNIVERSITY HEALTH SERVICE
MEDICAL RECORD ACCESS FORM

PATIENT DETAILS

Patient Name:
Address:
Date of Birth:
Contact Number:

I hereby consent to the release of personal and medical information held by the ANU Health Service and to be delivered to the following person or organisation:

Name of the person or Medical Practice the records will be delivered to - or if the patient write 'patient'
Relationship to patient – or if the patient write 'self'
Do you want access to all or part of your medical record? All <input type="checkbox"/> Part <input type="checkbox"/>
If partial access is required describe clearly the documents you require:
Which form of access do you require (<i>eg, disc, photocopy, viewing only, explanation, health summary</i>)?
Will you be personally collecting you record ? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what is the postal address for delivery of your record:
Would you like your record to be sent as: General Post <input type="checkbox"/> Registered Post <input type="checkbox"/> <i>(A charge of \$10.00 will apply)</i>
Proof of Identity sighted: ANU Photo Id <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/>

The administration cost for Medical Record copies are as follows:

- | | |
|--|---------|
| • 5 pages and under | \$0.00 |
| • Over 5 pages up to 50 pages | \$20.00 |
| • Greater than 50 pages | \$40.00 |
| • Disc copy (readable only to another practice | \$5.00 |

Receptionist Date:

Patient Date: