

REQUEST TO ACCESS MEDICAL RECORDS FORM

I, _____ of _____
insert patient name *address*

(please tick one)

request access to; or

give consent for _____ to access

the documents listed on the following page, in **Table A**.

I have been advised of the applicable administration fee for this service, charged in accordance *Health Records Regulations 2002* (Vic), which is not redeemable via Medicare.

I understand the Practice may request I attend a consultation with my doctor to discuss the information contained in my medical record. In this instance, a consultation fee will apply which is not redeemable via Medicare.

I understand I will not be permitted to remove, amend or delete any contents from my medical record. If I wish to make any amendments or deletions, I must submit a request in writing to the Practice using the *Request to Amend Medical Record Form*.

I understand I am permitted to obtain copies of some or all of the contents of my medical record. Copies may not be available immediately at the time of inspection but will be made available to me as soon as practicable after the inspection.

Table A - List of requested documents

entire medical record;

or

all documents relating to the diagnosis/treatment of the following condition/s;

(please briefly describe condition/s)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

and/or

the following documents:

(please describe documents requested)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Signed

Patient or parent/guardian of patient

Date

Please fill out below, if applicable

Signature of person authorised to be given access to patient's medical record

Date
