REQUEST TO ACCESS MEDICAL RECORDS FORM

ofof	<u> </u>
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 diagnos	is/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
Data	
Date	
Please fill out below, If applicable	
Signature of person authorised to be	
given access to patient's medical record	
Date	

REQUEST TO AMEND MEDICAL RECORDS FORM

_____of__

insert patient name

address

request to amend my medical record held by Waverley General Practice as described in Table A , below.
I understand the Practice has the right to request me to attend a consultation with my doctor to discuss my medical record. I have been advised of the applicable fees for this service and that the fee will not be redeemable via Medicare.
I understand that the Practice has the right to refuse my request if the Practice is satisfied that the information contained in my medical record is not incomplete, incorrect, irrelevant, out of date or misleading, or if the requested amendment contains information that is incorrect or misleading. The reasons for any refusal will be provided to me by the Practice in writing.
If I am dissatisfied with the way my personal information has been handled, I may lodge a complaint addressed to the Practice Manager which will be dealt with according to the Practice's compliant handling process.
Signed
Patient or parent/guardian of patient Date
Table A - Description of requested amendment/s:
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