

APPLICATION TO ACCESS PERSONAL INFORMATION

All requests to access personal information held by the Wentworth Healthcare provider of the Nepean Blue Mountains Primary Health Network are to be submitted using this form.

Appropriate identification must be provided as specified below. Applications being submitted by mail must have the original or certified copies of the appropriate identification attached.

For applications received in person, it is sufficient for Wentworth Healthcare to sight the appropriate identification and copies will be made.

Return by mail to:

Wentworth Healthcare Ltd, Locked Bag 1797, PENRITH NSW 2751

Details of person information is requested for:

Family Name: _____

Given Name _____ Date of Birth: _____

Previous Names: _____

Address: _____

Phone: _____ Email: _____

Details of person making the request inclusive of third party applicant (if not the person applying) please tick:

- Requested for own record (details as above)
- Request by third person (complete details below)

Family Name: _____

Given Name: _____ Date of Birth: _____

Relationship to: _____

Previous Names: _____

Address: _____

Phone: _____ Email: _____

Details of Request

Name of person, program or service that the request relates to: _____

Dates or period that the record required relate to: _____

Describe clearly the documents required: _____

Accepted Evidence

Please refer to the tables below to determine accepted level of evidence.

Requestor	Identification Required
Own record requested	Passport or one item from both columns A & B.
Third party-person requesting access to another living adult's record	Consent from client/patient. One item from both columns A & B for both the client/patient and the applicant.
Third party requesting a deceased adult's record	One item from both A & B. Consent from the authorised representative (e.g. Executor of the will documentation etc.) Death certificate or evidence of death
Minors record	One item from both A & B Parental/guardian consent Authorised representative
Adult record for a person under guardianship	One item from both A & B Guardianship order

Column A	Column B
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Medicare Card
<input type="checkbox"/> Current driver's license issued under Australian Law (photo)	<input type="checkbox"/> Bill with full name and address
<input type="checkbox"/> Employment ID (photo)	<input type="checkbox"/> Banking institution card
<input type="checkbox"/> Tertiary education ID (photo)	<input type="checkbox"/> Social security, health care or pension card.
<input type="checkbox"/> Citizenship certificate	

Type of Access

This application only relates to the information requested on this form. If information is required at a later date another application is required.

- I wish to view the documents only
- I require a copy of the documents

I, _____ hereby request	
Wentworth Healthcare to release information held about myself to	
<input type="checkbox"/> Myself	<input type="checkbox"/> Third party
Applicant's signature: _____	Date: _____
Third Party signature (if applicable): _____	Date: _____

Office Use Only

Consent from Client Yes No

ID Provided Yes No Sighted by: _____

Supervised by: _____

Details of documents provided to applicant: _____

Processed by: _____ Date: _____

Approved/Sign off: _____