



Request for copy of patient's clinical notes

Patient's Surname / Family Name: <i>Include Maiden Name or any other Surname's used</i>	
Patient's Full Christian Names: <i>Include aliases / other known names</i>	
Patient's Date of Birth:	NHI Number:
Patient's Full Residential Address: <i>For Courier Delivery</i>	Patient's Phone Number:
Requestor's Name: <i>If different from above</i>	
Requestor's Residential Address: <i>If different from above:</i>	

INFORMATION REQUESTED – *Please indicate below*

- OPRS (Aged Care Services)
- AUDIOLOGY
- DISTRICT NURSING SERVICES
- EMERGENCY DEPARTMENT
- GENERAL MEDICAL/SURGICAL
- MATERNITY / OBSTETRICS
- PAEDIATRIC
- MENTAL HEALTH SERVICES
- PAIN CLINIC
- PHYSIOTHERAPY
- PUBLIC HEALTH NURSING SERVICE
- POPULATION HEALTH
- SOCIAL WORK
- OTHER – Please specify

Proof of identity is required with ALL requests for patient information. If you are a patient authorising another person to act as your agent, proof of your agent's and your own identity is required before Waikato District Health Board can release clinical information. **Waikato District Health Board will accept one of the following as proof of identity:** - driver's licence OR photo/signature page from valid passport OR other form of ID, eg: Community Services card.

PLEASE COMPLETE DETAILS OVER THE PAGE

INDIVIDUAL PATIENT REQUEST FOR COPY OF OWN CLINICAL NOTES

Signature: _____ Date: _____
Proof of ID is required – attach to this form when returning it.

PARENT / GUARDIAN REQUEST FOR COPY OF CHILD(REN'S) CLINICAL NOTES

Signature: _____ Date: _____
Please read statement below when signing*

Relationship to

Individual: _____

***IMPORTANT:** I certify that there is no Court **Protection Order** issued in my name restricting access to the personal information I am requesting. **Proof of ID is required – attach to this form when returning it.**

REPRESENTATIVE REQUEST FOR COPY OF PATIENT'S CLINICAL NOTES

Signature: _____ Date: _____

Relationship to Individual: _____

Proof that you are the representative is required. ATTACH a copy of the Enduring Power of Attorney for personal care and welfare **OR** if the individual is deceased, a copy of the Will or Letters of Administration to this request form. **Proof of ID is required – attach to this form when returning it.**

PATIENT AUTHORISATION TO DISCLOSE OWN CLINICAL NOTES TO AN AGENT

I *Insert name* _____ Signature: _____

authorise release of my notes to: _____

Proof of ID is required from both patient and agent– attach to this form when returning it.

REQUESTOR'S CHECKLIST

- If you are a patient requesting a copy of your own information, have you - (i) completed and signed the relevant section(s) on this form; and (ii) attached proof of ID?
- If you are the representative requesting the patient's clinical notes, have you - (i) completed and signed the relevant sections on this form; (ii) attached a copy of the Enduring Power of Attorney OR the Will OR "Letters of Administration"; and (iii) attached proof of your own ID to this form?
- If you are an agent requesting a copy of a patient's clinical notes, has the patient – (i) completed the 'Patient Authorisation' (see above) section on this form; (ii) provided proof of his/her ID for you to attach and send with this form; and (iii) have you attached proof of your own ID to this form?
- If you are requesting a deceased patient's clinical notes, have you – (i) obtained authorisation from the deceased person's "representative" for Waikato District Health Board to release a copy of the clinical notes to you; (ii) attached a copy of the completed/signed authorisation; and (iii) attached proof of your own and the representative's ID to this form?
- Post** completed form with all required attachments to: Information Officer, Clinical Records, Waikato Hospital, Private Bag 3200, Hamilton **OR** email to the following email address: ClinicalRecords@waikatodhb.health.nz

Note: This form and subsequent information are subject to the provisions of the Privacy Act 1993, Health Information Privacy Code 1994 and/or Official Information Act 1982. You will receive a reply within 20 working days unless deemed urgent.

OFFICE USE ONLY ID included: Yes / No Form of ID: Driver's Licence / Passport
 Other ID - specify:.....

Name of staff processing request:.....Signature:.....