



Application for Administrative Access

Privacy notice: The *Hospital and Health Boards Act 2011* imposes strict confidentiality requirements. Information requested in this application is to verify your identity to protect your personal health information from being disclosed to persons other than you or your authorised agent. If your request contains sensitive material, third party or mental health information, it will need to be requested under the Right to Information/Information Privacy Acts 2009. You will be informed of this change and the expected date that the application will be completed.

Section 1: Applicant details (please print or type)

Surname / family name: IOMS:

Given names: DOB:

E-mail: Day-time contact phone:

Postal address:

Suburb/Town: State/Territory: Postcode:

Section 2 Request Type

Are you seeking access on someone's behalf?

No, I am the patient (please continue to Section 3: Information)

Yes, I am an agent and informed consent from the patient is attached. The patient details are:

Patient's Surname / family name: DOB:

Given names: IOMS:

Section 3: Information

What information you are requesting:

(for example: facility where you were treated and date or date range, treatment or specific injury)

my complete medical records

relevant records between the dates: to

specific records including:

Section 4: Preferred access type

Email (indicated above)

Photocopy of documents (if under 100 pages)

CD

Applicant's Signature: Date:

How to Apply

Patients currently incarcerated may provide this form and a copy of their ID to the medical centre within their correctional centre.

Alternatively, requests can be made via email or post (addresses listed on the second page).

Agents – authority and proof of identity

Please see over the page for proof of identity options

If you are an agent acting on the person's behalf, please provide:

- Proof of your authorisation to act on the person's behalf and access the person's medical record
- Proof of your identity
- Certified copy of the persons/patient's identity

Queensland Health or Corrective Services staff can sight proof of identity if the application is lodged in person.

Proof of identity

Category A: One (1) form of identification such as:

- Prisoner identity card certified by a corrective services officer
- Current Australian photo driver's licence, front and back
- Adult Proof of Age card (formerly the 18+ card)
- Current Australian passport (copy identifying page)
- Current overseas passport
- Current Defence Force or Police Service photo ID card
- Current Australian Firearms licence

If unable to provide identification from category A, two from category B is acceptable including one with a signature

Category B: Options include two (2) forms of identification (at least one containing a signature) such as:

- A copy of a certificate or extract from a register of births
- Current Medicare card
- Current financial institution debit or credit card with your signature
- Current entitlement / pension card issued by the Commonwealth or State Government
- Public Service employee ID card
- Educational institution student identity document (must include photo and/or signature)
- School or other educational report, less than 12 months old
- Australian Marriage Certificate

If unable to provide two forms of identification from the category B, one from category B with a signature and one from Category C is acceptable

Category C: Options include forms of identification such as:

- Recent utility account (e.g. gas, electricity, home phone) with current residential address
- Recent financial Institution statement with current residential address
- Rent/Lease agreement with current residential address
- Rates notice in your name with current residential address
- Recent official correspondence from Government Service Providers (not from this agency) with current residential address
- PAYG payment summary, less than 2 years old, with tax file number

Where to Send Application

Patient Location	Release of Information Service Contact Information
<i>Patient is discharged</i> Arthur Gorrie Correctional Centre Borallon Training & Correctional Centre Brisbane Correctional Centre Brisbane Women's Correctional Centre Brisbane Youth Detention Centre Helena Jones Centre Southern Queensland Correctional Centre Wolston Correctional Centre	Release of Information PO Box 73 IPSWICH, QLD 4305 prisonhs@health.qld.gov.au Fax (07) 3810 1751
Capricornia Correctional Centre	Release of Information Unit Rockhampton Hospital Canning Street Rockhampton, QLD 4700 CQHHS.ROI.Privacy@health.qld.gov.au (07) 4920 6208
Lotus Glen Correctional Centre	Office of the Chief Executive Cairns Hospital PO Box 902 Cairns, QLD 4870 CHHHS.RTI.Privacy@health.qld.gov.au (07) 4226 8680
Maryborough Correctional Centre	Legal Services Unit Harvey Bay Hospital PO Box 592 Pialba, QLD 4655 WB-RTI-Privacy@health.qld.gov.au (07) 4325 6857
Numinbah Correctional Centre	Information Access Unit Gold Coast Hospital 1 Hospital Boulevard Southport, QLD 4215 GCHHSInformationAccessUnit@health.qld.gov.au (07) 5687 3849
Palen Creek Correctional Centre	Information Access Unit Logan Hospital PO Box 6031 Yatala, QLD 4207 IAU.LBC@health.qld.gov.au (07) 3299 8979
Townsville Correctional Centre Townsville Women's Correctional Centre Cleveland Youth Detention Centre	Clinical Information Service Townsville Hospital PO Box 670 Townsville, QLD 4810 TSV-TTH-ROI@health.qld.gov.au (07) 4433 1341
Woodford Correctional Centre	Information Access Unit Caboolture Hospital Locked Mail Bag 3 Caboolture, QLD 4510 Cab-HIS-IAU@health.qld.gov.au (07) 5433 8863