

Application to Access Medical Information – Private and Confidential

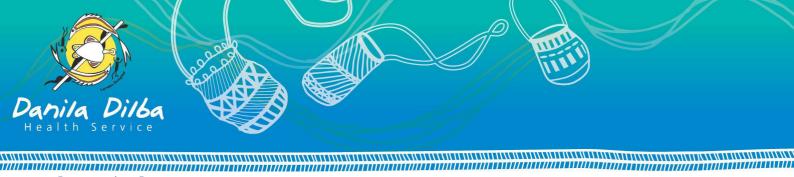
Use this form to apply for access to medical information of a Danila Dilba client. All relevant fields must be completed or the request will not be approved. Completed forms should be emailed to: ROI@ddhs.org.au

Details Regarding Request

Please provide detailed regarding the information you are authorised to obtain and list applicable dates.

Information Requested	Details (additional page attached if required)	Date Range
☐ Client Medical Summary		From:
☐ Client engagement or attendance		То:
☐ Confirmation client is on waitlist (e.g. SEWB)		
☐ Medical certificate		
Pathology or radiology results		
\square Specialist health reports and/or consultations		
\square Allied health reports and/or consultations		
Immunisation and check-up status *We will endeavour to process these requests within 1 week		
☐ Medical Report		From:
Social and Emotional Wellbeing / Mental Health Report *We will endeavour to process these requests within 6 weeks		To:
☐ Complete health record		From:
*We will endeavour to process these requests within 3 weeks		То:
☐ Other		From: To:
Urgent Applications		
*Note: only Client Medical Summaries can be provided urgently – summaries within 24 hours.	we will endeavour to provide urgent client n	nedical
Is this request required urgently? \square		

Please provide a short description of the basis of the urgent request and relevant details (e.g. upcoming Court dates). Please attach any other relevant documentation.



Requesting Party

Danila Dilba Health Service requires proof of identity of the requester. Please attach an official form of identification (e.g. drivers licence). Alternatively, if you are applying in person, you may produce your identification to an official.

Client's Full Name:	Signature:	
Date of Birth:	Date:	
Email:	Postal Address:	
Phone Number:	Fax Number:	
For third party requesters, proof of identity may be satis	field where the form is sent on an official letterhead or	
from an organisational email address. Please provide the		
requester.	e following information where you are a time party	
requester.		
Requester's Full Name:	Signature:	
·		
Organisation:	Capacity:	
Email:	Postal Address:	
Phone Number:	Fax Number:	
i none number.	FAX NUITIDEL.	
Client Consent for Release of Information		
I attach a signed authority and (where relevant) details of	of legislative basis for the request (e.g. <i>Privacy Act</i>)	
OR;		
I, (enter client, parent or guardian full name)		
consent to the party listed above obtaining my medical	,	
understand that charges may apply to this application a	nd agree to pay within 30 days of receipt.	
Full Name:	Date of Birth:	
Signature:	Date Consent Provided:	
Signature.	Date Consent Flovided.	
Witness:	Signature:	



Other Authority for Release of Information

Where there is a legislative basis that overrides the requirement of client consent, please attach evidence of appropriate authority (e.g. CEO orders).

Pre-Approval Checklist This application concerns a Danila Dilba client: Details of request and required timeframes are included: Identification provided or form sent on official letterhead/email address: Client consent has been obtained or is not required (e.g. CEO orders): Yes No No

Completed forms should be emailed to: ROI@ddhs.org.au or in person to a DDHS clinic.

Annexure A - Schedule of Fees and Timeframes

Type of request	Timeframe	Processing fee
Client Medical Summary - Brief medical summary with key	7 business days	\$130.00 plus GST
client information. This may include upon request:		
 Clint engagement or attendance 		
 Confirmation a client is on the waitlist (eg. SEWB) 		
 Medical certificate 		
 Pathology or radiology results 		
 Specialist health reports and/or consultations 		
 Allied health report and/or consultations 		
 Immunisations and check-up status 		
Detailed Letters or Reports - Detailed medical or mental	6 weeks	Medical: \$395.00 plus
health report written by DDHS clinician.		GST
Complete health record (excluding third party documents)	3 weeks	\$495.00 plus GST