



Waitemata
District Health Board
Best Care for Everyone

ROI – Clinical Records, North Shore Hospital
Private Bag 93-503, Takapuna, Auckland 0740
Telephone: 09 486 8900 Extn: 43300 8am-4pm,
or Extn: 3254 (answering machine) outside those hours
Facsimile: 09 442 7134 Ext 47134
Email: releaseofinformation@waitematadhb.govt.nz

Release of Information Request Form

Please complete the details below and sign your signature in the box indicated. Return to Clinical Records **together with** a copy of any form of photographic identification i.e. passport, driver's licence, official ID card; **plus** a copy of any other documents required (please see information sheet over page).

Please note: The Privacy and Health Information Code states that DHBs have up to 20 working days to provide the information requested, from the day of receipt of the request.

Patient details

Surname		Given names:	
Date of Birth		Hospital number (NHI):	
Address			
Phone number:		Mobile number:	

If requesting someone else's records

Requested by:			
Phone number:		Mobile number:	
Relationship to patient / Authority for requesting information:			

Date of Request:

Signature of Requestor:

Dates of information required

<input type="checkbox"/> One admission (eg 1-10 Jun 2014)	<input type="checkbox"/> Date range (e.g. Feb to Jun 2014)	
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Type of information required:

<input type="checkbox"/> Mental Health notes	<input type="checkbox"/> General Medical notes
<input type="checkbox"/> Discharge summary	<input type="checkbox"/> Discharge summary
<input type="checkbox"/> Clinical Notes	<input type="checkbox"/> Clinic letters
<input type="checkbox"/> Forms and GP Correspondence	<input type="checkbox"/> Operation Reports
	<input type="checkbox"/> Laboratory results
	<input type="checkbox"/> Radiology reports
	<input type="checkbox"/> Other tests (ECG, Echo etc)

Other information required (Please Specify)

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Information to be delivered by:

<input type="checkbox"/> Courier to:	
<input type="checkbox"/> Email :	
<input type="checkbox"/> Fax :	<input type="checkbox"/> Collection

Important: Please note that delivery of Mental Health notes in New Zealand is either via collection in person, or Courier service with signature.

Someone else will pick up my documents:

Their Name:	Signature:	Date:
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Office Use Only:

Request Via:	<input type="checkbox"/> Legal	<input type="checkbox"/> Patient Experience	<input type="checkbox"/> Other:
Contact Details:			
Contact required before commencing process:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact required before dispatch of documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Information Sheet for Requesting Patient Information

Information from your own medical records or the records of a dependant or family member can be requested from the Clinical Record Service. There is no charge for this service.

How do I request.....

My clinical information?

1. The request must be in writing by completing the Release of Information Request Form (attached)
2. Please include specific details of the information you require, including the dates you were in hospital and the documents you require, e.g. discharge summary, clinical notes. Please be as specific as possible to enable a quick turnaround.
3. Please include a current mailing address and contact number, and email address if applicable.
4. **All requests must be accompanied by proof of identification. This is preferred to be with a photo and signature, e.g. drivers licence, passport, but other forms of identification can be discussed in person.**

Clinical information for my child?

As above in 1-4, as well as proof of relationship to the child and a copy of their birth certificate.

Please note: If the request is for a family member who is **not** a dependant (Dependant = 16 years or under) then consent in writing from the person is required.

Clinical information for a relative or friend?

As above in 1-4, as well as written consent from the patient or if applicable a copy of the Power of Attorney.

Clinical information for a deceased relative?

As above in 1-4, as well as written consent from the Executor/Administrator of the Will or where there is no Will, proof of your relationship to the patient.

How long does it take?

It may take up to 20 working days for us to respond to your request; however, all efforts are made to process all requests as quickly as possible. For complex requests, or requests that require clinical review, an extension to this time may be required, but the requestor will be informed if a delay is expected.

Note: Failure to supply all of the above information may delay the processing of your request.

Urgent Requests

If your request is urgent, you **must** provide a reason for the urgency and the timeframe within which you require the information, and all efforts will be made to meet this timeframe.

Receiving your requested information

Many requesters receive their clinical documents via post, but you can collect your documents in person if you would prefer, or we can email them. Please let us know your preference. When collecting any information in person, you will need to present personal identification before the information will be released to you. If you are collecting copies on behalf of someone else e.g. friend/ family, you must have their written consent authorising you to collect their information.

Need help with your request?

If you have any questions about any of the information above, please contact the Release of Information team using the contact details above.