



Request for Access to Medical Information or Records

Forward to: The Privacy Officer, mlcoa, PO Box 978, Spring Hill QLD 4004 or privacy@medhealthgroup.com.au

Applicant Details

Relationship to Examinee	<input type="checkbox"/> Self <input type="checkbox"/> Other _____ (please specify)
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Examinee Details

Surname		Date of Birth	
Given Names			
Postal Address			
Contact Detail(s)	☎: _____ e: _____		

Proof of Identity (or Authority to Request Access)

In order for mlcoa to comply with our obligations in accordance with the Privacy Act and to safeguard your privacy, proof of identity will be required before access is provided to medical information and records held by us; therefore:

If you are the examinee - please provide a copy of one of the following forms of identification:

* Drivers Licence * Identifying page of Passport * Birth Certificate * Naturalisation or Citizenship Certificate

If you are NOT the examinee - please provide a copy of the written consent of the examinee, or a copy of the document that gives you the legal authority to request the medical information or records of the examinee from us.

Request Details

Appointment Details	Date of Examination _____ Location _____ (city)
Detail the information or records that you are requesting	
To who do you ask us to release the requested information or record?	<input type="checkbox"/> Self <input type="checkbox"/> Treating Medical Practitioner <input type="checkbox"/> Solicitor <input type="checkbox"/> Other If the record/information is to be sent to your Treating Medical Practitioner/Solicitor or Other, please provide their name, address and contact details below:

Applicant Signature and Acknowledgement of Administration Charge

*mlcoa does not apply any fee for your application for access to personal information or records held by us. We may, however, apply an **administration charge** for the time, resources and expense incurred by us for retrieving, duplicating and forwarding the information or records requested. Any administration charge will be determined at the time of receiving this request and will be advised to you; the charge will not exceed any applicable fee schedule if regulated by law. Any applicable administration charge is to be paid prior to release of the information or records.*

Payment of any administration charge is to be made by cheque or money order (payable to mlcoa)

Please note that mlcoa may require up to 30 days to retrieve, duplicate and forward the information requested.

I, the applicant, hereby acknowledge that an administrative charge for provision of the requested information may apply and that payment will be required prior to provision of the information requested.

(signature)

(date)