



## PATIENT INFORMATION REQUEST FORM

### Health Information Services

The Alfred - Phone: 9076 2644 Fax: 9076 2311  
Caulfield Hospital - Phone: 9076 6631 Fax: 9076 6002  
Sandringham Hospital - Phone: 9076 1249 Fax: 9076 1507

#### Patient Details:

Patient Name: ..... Patient UR Number:.....  
Patient Address: .....  
Patient DOB: ..... Sex: M / F (please circle)

#### Requestor Details: (please complete or use Practice Stamp)

Doctor's Name: .....  
Doctor's Practice / Hospital: .....  
Address: .....  
Telephone No: ..... Fax No: .....  
Information Needed By:  Urgent  Non-Urgent  
(patient waiting to see Dr) (same or next business day)

#### Information Needed: (please provide dates if known)

- Discharge Summaries: .....
- Investigations (specify):.....
- Outpatient Correspondence: .....
- Other (specify):.....

#### Patient Consent:

I, the above mentioned patient, hereby authorise the member of Alfred Health to release my health information to the requesting party mentioned above.

.....  
*Patient Signature*

#### **HIS Use Only**

Date Received: ..... Time Received: .....  
Staff completing request: .....

Alfred Health complies with the Health Records Act 2001, Privacy Act 1988 & Information Privacy Act 2000. The information attached has been provided to you and your organisation on the clear understanding that it is to be used for the ongoing care and treatment of this patient. Disclosure of this information requires you to adhere to the legislative requirements of the above Acts.