

Administrative Access to Medical Records Application

Information Access Unit

Please read the following information carefully before proceeding with your application.

Use this application form to request access to your own medical records held by Torres and Cape Hospital and Health Service (TCHHS). For all other records, consider making a formal application to access documents under the *Right to Information Act 2009* (RTI Act) or the *Information Privacy Act 2009* (IP Act). This form is available at <https://www.torres-cape.health.qld.gov.au/>. We may choose to process your request under the RTI Act or IP Act if we deem it more efficient to do so.

If in doubt, contact TCHHS Information Access Unit on TCHHS-IAU@health.qld.gov.au or (07) 3542 6729.

Processing time

We aim to process all Administrative Access requests within 25 business days (5 weeks). In some cases, this may take longer. There is no legislatively mandated time frame for responding to these requests. If you have a specific date by which you require information, please indicate this on your application. Whilst every effort will be made to process a request by a specified date, it cannot be guaranteed.

Fees and charges

There is no application fee and there are no processing charges for access to your own medical records. Requests for photocopies, CDs, copies of photographs or medical imaging films may incur charges.

Please note, TCHHS reserves the right to charge a processing fee for any time spent over 5 hours by our staff in the gathering, collating and reviewing of records. In these cases, we may request you revise the scope of your application to avoid a processing fee.

Delivery

You can choose to receive records electronically through the secure file transfer software Kiteworks. If you select this option, please provide an email address and you will receive an email with a link to the records you have requested. If you do not select to receive your records electronically, we will post a copy of the requested documents by registered post.

Please **USE BLOCK LETTERS** and blue or black ink to complete this form.

Note: * denotes **Mandatory** field.

Contact details

You are required to supply your name and an address for correspondence.

Additional contact details will help us to deal with your application and to correspond with you in the manner you prefer.

Title (e.g. Mr, Mrs, Ms, Miss): * **Given name/s:** * **Family name:** *

Date of birth: * **Telephone:** * **Email:** *

Postal address: * **Postcode:**

Preferred method of contact:

Telephone Email Post

Would you like Torres and Cape Hospital and Health Service to send your records to the above email address using secure file sharing software? If you say No, the records will be sent to your postal address by registered post.

Yes No



Application Details

Request records (please describe the records you are seeking):

.....

Date of record/s (approximate):

.....

Imaging records

Are you requesting any of the following? (Tick all that apply)

Note: Requests for imaging films are handled by a different unit of Torres and Cape Hospital and Health Service. Your request will be forwarded.

- Imaging reports** (no charge) **Imaging films** (charges may apply)

Evidence of Identity

You must provide evidence of your identity with this application within 10 business days of making this application for your application to be processed. Please provide a **certified** copy of **one** of the following documents.

Note: a certified copy is considered valid if it is witnessed by a Lawyer or Notary Public, a Commissioner for Declarations, a Justice of the Peace or in the case of a prisoner, a Corrective Services Officer.

- Current driver licence** **Identifying page of current passport**
 Birth certificate or extract **Citizenship certificate or naturalisation certificate**
 Marriage certificate **Documents issued by the Australian Government Department of Home Affairs**

Declaration

Privacy Notice: TCHHS is required to manage your personal information in accordance with the *Information Privacy Act 2009* (Qld) and the *Hospital and Health Boards Act 2011* (Qld). TCHHS is collecting your personal information for the purpose of processing your application to access records. Your information may only be disclosed with your consent, or if authorised by law.

For more information, please refer to the [TCHHS Privacy Plan](#).

I declare that:

- The information provided in this form is complete and correct
- I have read the Privacy Notice
- Where applicable, I have attached documents required for the purpose of this application
- If I cannot attach any required copies of documents, I will provide them to the agency within **10 business days** of making this application

Signature:

Date:

.....

Submit your application

- In person Visit any Torres and Cape Hospital and Health Service Facility
 By email TCHHS-IAU@health.qld.gov.au
 By post Information Access Unit, PO Box 5607, Cairns, Queensland 4870

Office Use Only

Date received: **Reference number:**

Identity document sighted: Yes No **Satisfied as to identity of applicant:** Yes No

Receiving Officer (print name): **Receiving Officer Signature:**