CONSENT TO RELEASE PERSONAL OR HEALTH INFORMATION TO THIRD PARTIES (PATIENTS - UNICLINIC)

WESTERN SYDNEY UNIVERSITY

This form is to be used where the University receives a request to release records or information about any patient of Western Sydney University UniClinic. It is to be used in conjunction with the University's Personal and Health Information Guidelines and Privacy Management Plan, as well as the Privacy and Personal Information Protection Act 1998, and the Health Records and Information Privacy Act 2002 and Western Sydney University policies at all times.

IMPORTANT NOTE TO REQUESTOR OF PATIENT INFORMATION

The University will only accept scans or photocopies of this form if it is accompanied by a certified copy of relevant person's identification. The University may, in its absolute discretion, require that you send through an original, hand-signed form or provide further proof of identity.

Please note that a service fee of $100.00 applies to every request for patient information to cover our costs involved in processing the request. If we estimate that the cost of processing this request will exceed two hours, then we may request an additional amount, calculated at $60.00 per hour, before we release any information or records.

IMPORTANT NOTE TO PATIENT

Please read this form carefully to check the information you give us your consent to release.

Your patient details

Family name				
Given Name				
Date of Birth				
Contact Address	No. and street address			
	City/suburb		Postcode	
Telephone	Home or business		Mobile	
Email Address				

Fill out below the name and contact details of the person or organisation to whom the University is authorised to release records or information containing your personal or health information.

Full name or Organisation name				
Address	No. and street address			
	City/suburb		Postcode	
Telephone	Home or business		Mobile	
Email address				

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Proof of Identity

The University/The UniClinic may require proof of identity before it discloses any personal information that it holds.

If accessing personal information in person, the University officer will request original valid ID (eg. drivers license, passport) before disclosing the information. If accessing by other means you will need to provide a certified copy of a valid ID along with your request.

NB: We may contact you to verify your identity before we begin processing your request.

Useful Information and Purpose of request

To help us provide you with the information you are seeking, please provide the following information (if known):

- Dates or timeframes the information was created or received by the Uniclinic (approximately)
- The purpose for which you are seeking the information (see below)

Understanding the purpose of your request may expedite the search for information by excluding records that may not be relevant. In some cases, we may contact you for clarification before proceeding with your request. Please provide details in the box below (optional):

NB: the supply of the information on this form is voluntary, but if you do not provide all the information requested, the University may be unable to process your request.

Information Details

I authorise Western Sydney University/The UniClinic to release the following records or information about me to the person or organisation listed above [check below which information you agree can be released]:

Personal Information

☐ All personal information, including name, age, race, gender, address, and other contact details

☐ Other *[please specify below]*

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Health Information

☐ All medical or other health records (including medical certificates, medical records and clinical notes)

☐ Other *[please specify below]*

Time Period

Please specify period of time to which the information relates

☐ Between these dates **[**   **]** and **[**   **]**

☐ All times during my enrolment at Western Sydney University

Signature: _____   Date: _____