PEARCEDALE
MEDICAL CENTRE

Request for copy of Health Record

Name _____

Address _____

DOB _____

Driver's Licence or Passport # _____

(You will be required to present this photo ID on collection of records)

I request access to medical records about my treatment (written from June 2001 onwards) in one of the following ways:

Tick One

- ☐ Inspect medical records and have the opportunity to discuss notes (this requires an appointment with the doctor) **RECOMMENDED OPTION**
- ☐ Receive a copy of the medical records only for the period date - _____
- ☐ Both of the above

In requesting access to the medical records, I acknowledge having read and understood the following:

1. The contents of the medical records are not a substitute for medical advice.
2. Medical records are written as an aid to the memory for the doctor. They are not a full description of any event, nor do they record everything that was discussed, examined or recommended during the consultation.
3. The contents in the medical records are necessarily taken out of context and do not give a full picture of the consultation.
4. Medical treatment and knowledge is an evolving process and necessarily changes over time.
5. Medical terminology is unique to doctors and is frequently ambiguous to others. This can cause misinterpretation of your medical records.
6. Under the circumstance where it is deemed that release of medical records may be harmful to the patient, such records may be withheld. This would only occur in exceptional circumstances and by authority of the treating doctor and Medical Defence advice.

Signed: _____ Date: _____

Your request will be responded to within 45 days. Fees for administrative costs, materials and handling will typically apply. Within 7 days of receiving payment, access will be provided.

For further queries, please contact the Practice Coordinator.

OFFICE USE — Staff Initial

- ☐ ID has been recorded upon collection of records _____
- ☐ Photocopy consent form and give copy to patient _____
- ☐ Record date of collection _____