NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Facility: _____	FAMILY NAME	MRN
	GIVEN NAME	☑ MALE ☐ FEMALE
	D.O.B.	
APPLICATION FOR ACCESS TO HEALTH CARE RECORDS	ADDRESS	

DETAILS OF CLIENT WHOSE RECORD IS REQUESTED

Family Name : _____ Title (Mr/s): _____

Given Name: _____ Date of Birth: _____

Previous names: _____

Residential Address: _____

Telephone No. (Home): _____ (Work): _____ (Mobile): _____

DETAILS OF THIRD PARTY APPLICANT (IF CLIENT IS NOT THE APPLICANT)

Please tick ☑

☐ **As above, continue to "Details of Request"**

☐ **Request relates to the documents of another person, please complete the following:**

Family Name : _____ Title (Mr/s): _____

Given Name: _____ Relationship to Client: _____

Residential Address: _____

Telephone No. (Home): _____ (Work): _____ (Mobile): _____

DETAILS OF REQUEST

Name of facility _____

Dates or period of attendance for which records are required _____

Documents required (please be specific) _____

_____

FORMS OF ACCESS

☐ **I wish to view the documents ONLY (payment is not required).**

For VIEWING ONLY of the documents, the Client Information Manager will arrange an appointment for you.

☐ **I require a copy of the documents.**

A copy of all or part of a health care record costs **$33.00** plus $0.35 per **each printed side of the page** in excess of 80 pages.

A 50% reduction in the application gee is available if the applicant holds a pension or health care card.

You will be advised in advance if there are any additional charges. (Please refer to 'Fees and Charges' on the back of this form.)

PAYMENT / COLLECTION METHOD

☐ **I request a 50% reduction in the application fee and have provided supporting documents to qualify for this.**

☐ **My cheque/money order/receipt for the application fee is enclosed.**

Cheques/money orders should be made payable to the appropriate facility. $33.00 or $16.50 (with supporting documentation).

Please indicate how you would like to receive the documents:

☐ Please mail to the address above **(no responsibility is taken for lost documents)**.

☐ Please notify me when they are ready for collection.

NOTE: Do not sent cash through the post. Please contact the Client Information Manager for payment options.

FULL PAYMENT IS REQUIRED BEFORE DOCUMENTS ARE PROCESSED AND RELEASED.

Interpreter Use Only

Signature: _____ Interpreter Name: _____ Date _____

I, the client hereby request STARTTS to release health information about me to myself / the third party applicant.

Client's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____

Rev July 2013

BINDING MARGIN - NO WRITING

APPLICATION FOR ACCESS TO HEALTH CARE RECORDS

FORM #

APPLICATION FOR ACCESS TO HEALTH CARE RECORDS

FORM #

INFORMATION FOR APPLICANTS (CLIENT AND/OR THIRD PARTY)

Please try to provide as much detail as you can to help us identify the documents that you require. Your request will be processed within **21 working days AFTER receipt of the application fee, identification, and any additional fees**.

Third Party Access

NOTE: If you are requesting another person's health care record, this person must sign this form and provide some identification in addition to the applicant. In the event that the person is deceased, the applicant must have the consent of the executor of the estate and/or the appropriate next of kin. If the person lacks capacity to give consent due to age, illness or disability; the legal guardian must provide consent. Proof of these relationships will be required.

Fees and Charges

The charge for providing a copy of the health care record, or part thereof, to a maximum of 80 pages is $33.00. This charge covers for search fees, photocopying, labour costs, administrative fees and postage. Records that must be retrieved from archival storage may incur an additional fee. All charges are inclusive of GST.

Provision of a copy of a health care record in excess of 80 pages will be charged at an additional $0.35 per printed side of each page. Applicants will be informed of any additional costs and balance must be paid prior to processing and release of the documents.

Acceptable Forms of Identification

Please do not send originals in the mail. A pension or a health care card must be provided if the applicant is claiming a 50% discount on the application fee.

Either: ☐ Passport
OR
1 from Column A + 2 from Column B

A

- ☐ Citizenship Certificate
- ☐ Current Drivers Licence or other ID issued by RTA No: _____
- ☐ Public Service ID (photo)
- ☐ Employment ID (photo)
- ☐ Tertiary Education ID (photo)
- ☐ Other photo ID

B

- ☐ Birth Certificate or other ID issued by Registry of Births, Deaths and Marriages
- ☐ **Pension or health care card No: _____**
- ☐ Employment ID (without photo)
- ☐ Medicare card No: _____
- ☐ Bank card / Passbook
- ☐ Utility bills
- ☐ Membership card - educational institutions, union trade, professional bodies etc

For further information, please contact:

Client Information Manager
STARTTS Carramar
PO Box 203
Fairfield NSW 2165
Phone: 9794 1900 Fax: 9794 1910

OFFICE USE ONLY

MRN: _____ Date received: _____ Due: _____

ID provided: ☐ Yes ☐ No Sighted by: _____ Consent from client: ☐ Yes ☐ No ☐ Not applicable

View record only: ☐ Yes ☐ No Date: _____ Supervised by: _____

Application fee: _____ Receipt no: _____ Additional fee: _____ Receipt no: _____

Extra pages for additional fee _____

Details of documents provided to applicant: _____

_____

Signature on pick up _____

Processed by: _____ Date completed _____

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