

Patient Request for Personal Healthcare Information Held by EAHC Newton

Under the Privacy Act 1988 (Cth), patients have the right to request access to their personal health records. To proceed with your request, please complete the details below.

Request Details

I request access to the following specific information in my personal health record:

- _____
- _____
- _____

Personal Details

First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____

Access, Fee, and Response Timeframe

I acknowledge and understand the following:

- **Processing Fee:** There is a \$30.00 non-refundable administrative fee for processing this access request, which must be paid prior to release of the information. This fee is non-claimable through Medicare or private health insurance.
- **Assessment of Information:** My treating doctor will review this request to ensure that releasing the information poses no risk of harm to me or others, and to consider any information that may be restricted due to confidentiality agreements or legal proceedings. If full or partial access is not possible, my doctor will provide a clear explanation, and an intermediary may assist in facilitating access in a way that respects both your needs and the requirements of your doctor.
- **Response Timeframe:** EAHC Newton will provide a response to this request within 30 days from the date the form is submitted, as required under Australian law. If additional time is necessary, I will be notified of the delay and the reasons for it.
- **Use of Information:** I understand that any information released to me is solely for my personal use. It cannot be shared, copied, or provided to third parties without explicit consent from my treating doctor or as otherwise permitted by law.

Patient Consent and Declaration

By signing below, I confirm that I understand the terms of access, including potential limitations on the release of certain information as per Australian law.

Signature: _____

Date: _____