



Application to Access Medical Information – Private and Confidential

Use this form to apply for access to medical information of a Danila Dilba client. All relevant fields must be completed or the request will not be approved. Completed forms should be emailed to: ROI@ddhs.org.au

Details Regarding Request

Please provide detailed regarding the information you are authorised to obtain and list applicable dates.

Information Requested	Details (additional page attached if required)	Date Range
<input type="checkbox"/> Client Medical Summary <ul style="list-style-type: none"> <input type="checkbox"/> Client engagement or attendance <input type="checkbox"/> Confirmation client is on waitlist (e.g. SEWB) <input type="checkbox"/> Medical certificate <input type="checkbox"/> Pathology or radiology results <input type="checkbox"/> Specialist health reports and/or consultations <input type="checkbox"/> Allied health reports and/or consultations <input type="checkbox"/> Immunisation and check-up status <i>*We will endeavour to process these requests within 1 week</i>		From: To:
<input type="checkbox"/> Medical Report <input type="checkbox"/> Social and Emotional Wellbeing / Mental Health Report <i>*We will endeavour to process these requests within 6 weeks</i>		From: To:
<input type="checkbox"/> Complete health record <i>*We will endeavour to process these requests within 3 weeks</i>		From: To:
<input type="checkbox"/> Other		From: To:

Urgent Applications

**Note: only Client Medical Summaries can be provided urgently – we will endeavour to provide urgent client medical summaries within 24 hours.*

Is this request required urgently?

Please provide a short description of the basis of the urgent request and relevant details (e.g. upcoming Court dates). Please attach any other relevant documentation.



Requesting Party

Danila Dilba Health Service requires proof of identity of the requester. Please attach an official form of identification (e.g. drivers licence). Alternatively, if you are applying in person, you may produce your identification to an official.

Client's Full Name:	Signature:
Date of Birth:	Date:
Email:	Postal Address:
Phone Number:	Fax Number:

For third party requesters, proof of identity may be satisfied where the form is sent on an official letterhead or from an organisational email address. Please provide the following information where you are a third party requester.

Requester's Full Name:	Signature:
Organisation:	Capacity:
Email:	Postal Address:
Phone Number:	Fax Number:

Client Consent for Release of Information

I attach a signed authority and (where relevant) details of legislative basis for the request (e.g. *Privacy Act*)

OR;

I, (enter client, parent or guardian full name)
consent to the party listed above obtaining my medical information held by Danila Dilba Health Service. I understand that charges may apply to this application and agree to pay within 30 days of receipt.

Full Name:	Date of Birth:
Signature:	Date Consent Provided:
Witness:	Signature:



Other Authority for Release of Information

Where there is a legislative basis that overrides the requirement of client consent, please attach evidence of appropriate authority (e.g. CEO orders).

Pre-Approval Checklist

- | | | |
|--|------------------------------|-----------------------------|
| This application concerns a Danila Dilba client: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Details of request and required timeframes are included: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Identification provided or form sent on official letterhead/email address: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Client consent has been obtained or is not required (e.g. CEO orders): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Completed forms should be emailed to: ROI@ddhs.org.au or in person to a DDHS clinic.

Annexure A - Schedule of Fees and Timeframes

Type of request	Timeframe	Processing fee
Client Medical Summary - Brief medical summary with key client information. This may include upon request: <ul style="list-style-type: none"> ○ Clint engagement or attendance ○ Confirmation a client is on the waitlist (eg. SEWB) ○ Medical certificate ○ Pathology or radiology results ○ Specialist health reports and/or consultations ○ Allied health report and/or consultations ○ Immunisations and check-up status 	7 business days	\$125.00 plus GST
Detailed Letters or Reports - Detailed medical or mental health report written by DDHS clinician.	6 weeks	Medical: \$360.00 plus GST Mental health: \$180-240 plus GST per hour
Complete health record (excluding third party documents)	3 weeks	\$375.00 plus GST