THE ROYAL MELBOURNE HOSPITAL

RELEASE OF PATIENT INFORMATION REQUEST

Please complete this form and fax to:

RMH Heath Information Services

Fax: 9342 8008

Email: RMHHISFAXREQUESTS@MH.ORG.AU

Phone: 9342 7359

Details of Patient

First Name: ________________________________Surname: ____________________________________

Date of Birth: _________________ Gender: ____________ Phone number: __________________________

Address:____ RMH MRN No: ___________________

Details of Requestor

First name: ________________________________Surname: __________________________________

Practice name: ____

Address:____ Postcode:______________

Phone number: _____________________________ Fax: _____________________________________

Preferred method: ☐ Fax ☐ Parkville Connect (GP Portal) ☐ Mail

Information Required: specify information required e.g. specific diagnosis, test, date range

☐ **Discharge Summaries** __________________ ☐ **Operation Reports** __________________

☐ **Correspondence/Letters** __________________ ☐ **Pathology** __________________

☐ **Investigations** __________________ ☐ **Imaging** __________________

☐ **Other (please specify)** ____

Patient Consent

☐ *I, the above named patient consent to the release of health information (including test results etc.) about past and present illness to the Doctor or health care provider making this request. I understand this is necessary for my ongoing treatment.*

Patient signature ____ Date _________________

☐ *It is impracticable to provide patient consent at this time. I verify that I am treating this patient and the information is required for their ongoing treatment.*

Requestor signature ____Date _________________

RMH endeavours to comply with the Health Records Act 2001 and other relevant legislation when handling health information. The health information enclosed is being provided to your service on the understanding that it is to be used for its primary purpose or for a directly related secondary purpose. Disclosure of this health information imposes on you an obligation to treat this information confidentially and in accordance with legislative requirements of the *Health Records Act 2001, Privacy and Information Privacy Act 2000.*

PATIENT INFORMATION REQUEST

COR/4