

Patrick Street Family Practice

Suite1, 8-22 Patrick Street, Stawell VIC 3380
Ph: 03 5358 7555 Fax: 03 5358 1669

Patient Request for Access or Release of Personal Health Information (Incorporating requirements of Privacy Legislation)

I, (Name) _____

Current Address _____

Previous Address _____

Date of birth: _____

Have been a patient of (Name & Address of Medical Centre & Phone/Fax Number)

FULL MEDICAL RECORD

HEALTH SUMMARY

Dr Arthur Obi/ Dr Saravanamuthu (Dr Thaya)/ Dr Deana Ashton

I understand that a fee may be charged for the cost of providing access, or providing copies.

Other Family Members transferring Medical Information (if under 18)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Could you also please provide us the EPC history for this patient.

EPC Item	Completed Yes/No	Date last billed
GPMP (Item 721), TCA (Item 723)		
Health Assessment (Item 701, 703, 705, 707)		
Home Medication Review (Item 900, 903)		
Mental Health Plan/Review (Item 2700, 2710, 2702)		
CMA (Item 701, 703, 705, 707)		
GPMP Review (Item 732)		

Signature of patient: _____

Signature of Doctor/Receptionist: _____

Date: _____

PLEASE SEND BY CD IN XML FORMAT