RAGLAN MEDICAL

OFFICE USE ONLY
Date Request Received: *dd/mm/yy*

Release of Personal Health Information Request Form

Please ensure all sections of this form are completed in full and provide the required supporting documentation so your application can be processed.

Patient Details – Person whose records are to be accessed			
Surname/Family name		**Given Names**	
Date of Birth (dd/mm/yy)		**NHI number (if known)**	
Also known as /other/previous names			
Residential Address			
Postal Address (If different)			
Mobile Number		**Phone Number**	
Email address			

Requesters details – Complete if requesting on someone else's records			
Requested by (Full Name)			
Relationship to patient			
Postal Address			
Mobile Number		**Phone Number**	
Email address			

Basis for Request (Select ONE)	**Supporting document(s) required**
☐ I am the patient requesting my own information	☐ Photo identity (for example, drivers' licence, passport
☐ I am the parent/legal guardian of the child who is under 16 years of age	☐ Photo identity (proof of relationship may be required) ☐ Are there any current Court Orders in place in relation to this child? If yes, please provide us with a copy
☐ I have signed consent from the patient	☐ Photo identity (of requester) and signed consent
	Patient signature
☐ Other agency request with authorisation already collected/signed consent	☐ Copy of signed documentation authorising release of specified information, or consent signed by patient
	Patient signature
☐ I have lawful authority over the patients' affairs	☐ Photo identity and copy of lawful authority (for example, activated EPOA or PPPR)
☐ I have authority as, or consent from, the executor/administrator of the deceased estate	☐ Photo identity and copy of relevant page form the Will or Letter of Administatuion
☐ Other – Please provide details	

Signature of person who will be receiving the information **Please read REQUESTING HEALTH INFORMATION FACT SHEET before signing form**			
Name			
Signature		Date (dd/mm/yy)	

Urgent request – Detail of why an urgent request is required	
Date required by (ASAP not accepted)	
Reason for urgency*	

*Every effort will be made to meet the required timeframes, but this may not always be possible. In accordance with the Privacy Act 2020, we will respond to your request no later than twenty working days after date of receipt

Date range of information required	
☐ One specific consult Date of Consult:	☐ Date range (e.g. Feb to June 2020) Date Range:

Brief reason why requesting information	
Information requested – select the categories of information required	
☐ Consultation notes	☐ Test Results
☐ Specialist letters/reports	☐ ACC information Injury date and/or ACC45 number:
☐ Takarangi Notes	☐ Other specific information

Delivery Details – Please select ONE option		
☐ Courier to requesters postal address (signature required) Courier fees will apply, payment required in advance	☐ Collection from Raglan Medical ☐ Patient is collecting ☐ Other person collecting (must bring photo ID) Name of Person:	
☐ Electronically via email	**Sending information via Email Disclaimer:** • Email is not a secure messaging service and in the event your email is hacked, your personal medical information becomes compromised. • We advise that after receiving emails with your medical records that you store these documents in a secure location on your computer/phone and delete the email. • We delete all emails from our outbox that contain personal information after sending. • If the email containing your medical records is forwarded on to any third parties, we recommend that you ask them to delete any copies of you records from their email inboxes after they have stored them securely. • Raglan Medical will not be held accountable in the event that personal information is retrieved from your email account in the event of it being hacked	
☐ **Email Disclaimer read and understood**	**Signature of Patient**	
	Signature of requester (if different from above)	

Returning Complete Form Options		
BY EMAIL admin@raglanmedcial.co.nz	**IN PERSON** 9 Wallis Street Raglan, 3225	**BY POST** PO Box 164 Raglan, 3265

Office Use Only				
Date Request Received		Staff member who received request		
Photo ID verified	☐ Yes	**OR** Security Questions Answered		☐ Yes
Form of ID used to verify			ID Expiry Date	
Contact required before commencing process		☐ Yes ☐ No	Reason if Yes	
Name of Staff member who compiled the request				
All documents checked to ensure for correct patient		☐ Yes ☐ No	No. of Pages Sent	
Release Authorised by			Date	
Contact required before dispatch of documents		☐ Yes ☐ No	Reason if Yes	
IF request declined	☐ In full ☐ In Part	Decision made by		
Reason				
How Requestor was advised of decline	☐ By phone ☐ By email ☐ In person			

Requesting health information fact sheet

Please retain for your information

Information from our own health records, or on behalf of someone, can be requested from Raglan Medical. Please ensure all sections of the Release of Personal Health Information Request Form are completed, it has been signed appropriately, and the required supporting documents are supplied with your application. There is no charge for this service.

Requesting your own personal health information?

1. The request must be in writing by completing a Release of Personal Health Information Request Form.
2. Please include as much detail as possible regarding the information you require, including relevant dates. If you ae specific about the information you want, we can respond more quickly to your request.
3. **All requests must be accompanied by proof of identification**. To protect the privacy of your personal information we need you to provide proof of your identity. Preferred identification includes a photo and signature (for example driver's license or passport). If you are unable to provide this, please let us know as soon as possible so an alternative can be arranged.

Requesting health information for a child, relative, friend or deceased relative?

Additional proof will be required for the following requests.

A child: As above in 1-3

PLUS: Proof of relationship to the child may be required, for example a Birth Certificate.

Note: If the request is for a family member who is not a dependent (being a person up to and including 16 years of age) then consent from that person may be required.

Relative or Friend: As above in 1-3

PLUS: Consent from the patient or a copy of the activated EPOA/PPPR (if applicable).

Deceased relative: As above in 1-3

PLUS: Consent from Executor/Administrator (if not self).

PLUS: A copy of the relevant page from the Will or Letter of Administration.

Note: If there is no Will, a decision on whether to provide access to the records will be made on a case-by-case basis.

Requesting health information fact sheet

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How long does it take?

The length of time required to collate information will depend on the volume and nature of information requested, particularly where information is held in different places or systems. So, to help us be able to respond to your request in a timely way, please be as specific as possible about the information you require.
It may take up to 20 working days for us to respond to your request, however, all efforts are made to process all requests as quickly as possible. Incomplete applications may delay the processing of your request. If your request is urgent, you must provide a reason for the urgency and the timeframe within which you require the information, and all efforts will be made to meet this timeframe.
If we are unable to meet the 20-day timeframe, we will be in contact with you.

Declined requests

In some circumstances we may refuse part, or all of a request for health information. We will let you know why. You do have the right of review of such a decision and can do this by contacting the Privacy Commissioner.

Retention and disposal of information

Under the Health (Retention of Health Information) Regulations 1996 and Public Records Act 2005, depending on the type of health information, the minimum retention period of health information could be 10 to 20 years from the day after the most recent date which an individual was provided services from a provider.
Once the required retention period has passed, rule 9 of the Health Information Privacy Code 2020 says that health information should be disposed of, securely, unless the health agency has a lawful purpose to retain it.

Correcting Information

If you think the information provided to you is inaccurate, you are entitled to ask for it to be corrected. Please contact the Consumer Engagement team via email at admin@raglanmedical.co.nz to further discuss this.

Need help with your request?

If you have any questions about any of the information above, please contact Raglan Medical on 07 825 0114.

Privacy Commissioner
Should you be dissatisfied with the information provided to you, a complaint can be raised with the Office of the Privacy Commissioner.
Please visit their website **privacy.org.nz/your-rights/resolving-privacy-issues** for more information.

This form and subsequent information are subject to the provisions of the Privacy Act 2020, Health Information Privacy Code 2020 and/or Official Information Act 1982.