



339 Wharf St, Queens Park WA 6107  
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www.queensparkmedical.com.au

## PATIENT REQUEST FOR ACCESS OR RELEASE OF PERSONAL INFORMATION

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Doctors Name)

\_\_\_\_\_ (Medical Centre)

\_\_\_\_\_ (Practice Phone Number) \_\_\_\_\_ (Practice Fax Number)

I \_\_\_\_\_ (full name) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date of Birth)

of \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Current Address)

Authorise release of my/my family's medical records to be forwarded to Queens Park Medical Centre and understand a reasonable fee may be charged for the cost of providing access or providing copies for which I am responsible.

Patients Signature: \_\_\_\_\_

Other Family Members (under 18 years of age)	DOB	REGULAR GP

The above mentioned now attends this practice. To assist in their future medical management would you kindly forward:

☐ Clinical Records \_\_\_\_\_  
(Please specify either period of visits to the doctor or reason why access is requested (eg records relating to a specific condition or injury))

☐ Current health summary, with relevant correspondence and results

These records can be forwarded by Healthlink ID: **queenspk**

Fax: 9356 8994

Post: Queens Park Medical Centre 339 Wharf Street QUEENS PARK WA 6107

If your practice uses Best Practice you can email electronic version of patient record in XML format to

[reception@queensparkmedical.com.au](mailto:reception@queensparkmedical.com.au)