



MR1046



the women's
the royal women's hospital

Release of Information Request

UR number: _____

Surname: _____

Given name/s: _____

Date of birth: _____ Gender: _____

(AFFIX PATIENT LABEL)

Please forward this form to:

Release of Information (ROI)**Health Information Services**Email: ROI@thewomens.org.au Phone: 8345 2616 Fax: 8345 2624

DETAILS OF PATIENT

Surname: _____ Given names: _____

Name when last attended hospital: *(If different to current name)* _____Address: *(Past address if applicable):* _____

Postcode: _____

Telephone: _____ Date of Birth: ____ / ____ / ____

INFORMATION TO BE RELEASED TO: *(Note: Information can only be released to a medical provider)*

Name: _____

Hospital / GP / Specialist: _____

Postal address: _____

Telephone/Pager: _____ Fax: (Email preferred) _____

Email: _____

INFORMATION REQUIRED *Specify information required (e.g. specific diagnosis, tests)*

☐ Discharge Summary: _____☐ Outpatient / Correspondence: _____☐ Investigation Results: _____☐ Other, please specify: _____

PATIENT CONSENT TO RELEASE INFORMATION

Provided: *(Please tick)* ☐ **Below** **OR** ☐ **Separate***(Request will not be processed without written consent of the patient, parent, guardian or person responsible for patient OR clinician complete and sign the clinician certification below).*

I, _____ authorise the release of my (or my child's) relevant health information as specified above. I understand I may revoke this consent at any time except to the extent that action has already been taken on it.

Signature: _____ Print name: _____ Date: ____ / ____ / ____

(Patient, Parent, Guardian or Person responsible for Patient)

CLINICIAN CERTIFICATION IN LIEU OF PATIENT CONSENT

I confirm that the information requested above is needed for the patient's current treatment, and in the interests of the patient's ongoing health care. The patient's next appointment is on ____ / ____ / ____
(Date)

Signature: _____ Print name: _____ Date: ____ / ____ / ____

(Requesting Clinician or Health Provider Representative)