

PART 1 Access to Client Information Request

Use: This form is used for requesting the release of personal information in accordance with Country & Outback's Access to Client Records Procedure and verifying the identity of the applicant and/or third party.

SECTION 1 – APPLICANT DETAILS			
Applicant Type	<input type="checkbox"/> Client	<input type="checkbox"/> Third Party applicant	<input type="checkbox"/> GP/Medical Service
Details of the person's files being requested:		COBH use: Client File ID	
Title:	Surname:	Given name(s):	
Previous name(s) known by:			Date of birth:
Home Address:			
Suburb:		State	Postcode:
Mobile:		Phone:	
*Postal Address			
Suburb:		State	Postcode:
Email address:			
I consent to files being sent via secure, encrypted email (ShareFile) Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION 2 – DETAILS OF REQUEST
2.1 Do you want access to all or part of the client record? <input type="checkbox"/> ALL <input type="checkbox"/> PART
2.2 If partial access is required, clearly describe the documents you require e.g. GP letters or clinical assessment
2.3 What form of access do you require?
<input type="checkbox"/> An electronic copy of the documents <input type="checkbox"/> Supervised onsite inspection of documents
Access in another format - <input type="checkbox"/> Printed (cost may apply) <input type="checkbox"/> USB (Costs may apply)
<i>* Printed or USB files will be sent to the postal address above in Section 1</i>
To whom should the documents be sent? <input type="checkbox"/> Client <input type="checkbox"/> 3 rd Party Applicant
What is the reason for your request?

SECTION 3 – CLIENT CONSENT TO RELEASE INFORMATION.	
<i>Information will not be released to the third party unless consent has been authorised below by the client or authorised caregiver/guardian and adequate identification has been provided</i>	
I, _____ hereby consent to the release of information as requested	
<input type="checkbox"/> Client	<input type="checkbox"/> Authorised guardian/caregiver
Signature:	Date: <i>Date</i>
Name of third party	
Signature of third party:	Date: <i>Date</i>
<u>Completed form should be returned to</u> Country & Outback Health Inc 127 Nicolson Avenue, Whyalla Norrie SA 5608 admin@cobh.org.au	<u>Remote access and site collection use only</u> Attach a copy of photo identification (next page) <input type="checkbox"/> ID confirmed by personnel

PART 2 ID Confirmation and Information Release

Use: For verifying identity before releasing personal information in accordance with the Access to Client Records Procedure.

Please note: Current photo identification verifying the client or, the named authorised person on the client's file is required if they have not been identified by personnel on site.

All third-party requests must have client approval with client identification and will need to verify their identity prior to the release of information.

Instructions:

1. Complete the form
2. Attach ID and scan or copy
3. email to admin@cobh.org.au

Place front of photo ID here and photocopy or scan Place open passport sideways and face up over both boxes.

Or attach images of ID documents to application email

Place back of photo ID here and photocopy or scan

Add another page if larger ID used.

Office only

The client/authorised person has been verified by CObH personnel

Completed form has been emailed to QMS & uploaded to the client's file

Section 4 is to be filled out when requested information is ready for release to a client or third party at a Country & Outback Health or headspace site.

SECTION 4 – INFORMATION RELEASE CONFIRMATION (Pick up from CObH or headspace site)		
I (Full Name)		
<input type="checkbox"/> Client	<input type="checkbox"/> Authorised guardian/caregiver	<input type="checkbox"/> Third-Party
Hereby acknowledge I have received all relevant documents from Country & Outback Health or headspace as per my Access to Client Information request.		
Signed		Date
Witnessed by	(Full Name)	
Signed		Date