Release of Information Request Form

Please complete all sections of this form and attach requested supporting documentation. Failing to do asrequired may see a delay in processing the request.

In accordance with the Privacy Act 2020 44 (1), we will respond to your request within 20 working days after thedate the request was received. We will make every effort to make a shorter timeframe when requested.

SECTION 1: Client details (whose records are to be accessed)

Full name of client:		
Other names known as:		
Date of Birth:		
NHI if known:		
Residential address:		
Email address:		
Contact phone no.:		**Mobile no.**

Consent by client to access own information:

Signature: _____ Date:_____/_____/ _____

SECTION 2: Requestor details (if not the client)

Full name:			
Relationship to client:			
Postal address:			
Email address:			
Contact phone no.:		**Mobile no.:**	
Date of request:		**Signature of requestor:**	

Client's authorisation to disclose personal information to a third party:

Signature: _____ Date:_____/_____/ _____

Authority to request client information and required identification (attached to this request):

Authority to request this information	**Tick**
I am the Client • Photographic proof of identification	☐
I am the Parent/legal guardian/NZ Court appointed guardian of the child who is under 16 yrs. • Photographic proof of identification • Proof of relationship to the client may be required	☐
I have lawful authority over the client's affairs • Photographic proof of identification • I hold an enduring power of attorney (health) for the client, copy is attached AND/OR • I am the Trustee/Executor/Administrator of the Estate, copy is attached	☐ ☐ ☐

SECTION 3: Information requested

To be completed by person asking for information. Select the categories of information required and the date range:

Select the categories of information requested	**Tick**	
Initial assessment report	☐	
Medical records	☐	Date range:
Inpatient records (non-medical)	☐	Date range:
Clinic letter/s from outpatient visit/s	☐	Date range:
Laboratory reports	☐	Date range:
Discharge/ rehabilitation completion report	☐	Date range:
Other (please specify below)		Date range:

SECTION 4: Information to be delivered by

How do you want to receive the information; please tick one option only:

☐	PRINTED – mail to (*State address:* _____
☐	PRINTED – collect from ABI (*State name of person collecting):* _____
☐	ELECTRONIC – EMAIL *Email address:* _____ Email attachments will be password protected. You will receive a separate email with the password toenable access to the documents.

SECTION 5: Information sheet for requesting client information

How do I request	<u>My information</u> 1. The request must be in writing and can be made by completing this *Release ofInformation Request* 2. Please include specific details of the information you require, including the datesand the type of information – for example: discharge summary 3. All requests must be accompanied by proof of identification – e.g. Drivers licence,passport
	<u>Information for my child?</u> As for requesting my information above. You will be asked for proof of relationship tothe child. If request is for a family member who is not a dependant (i.e. Less than 16 years), consent in writing from the person is required
	<u>Information for a relative?</u> As for requesting my information above, plus written consent from the client or, ifapplicable, a copy of the Power of Attorney
	<u>Information for a deceased relative?</u> As for requesting my information, plus consent from the Executor/ Administrator of theclients will, or where there is no will, proof of your relationship to the client
How long does it take?	It may take up to 20 working days for ABI to respond to your request, however all efforts are made to process all requests as quickly as possible. For complex requests, orrequests that require Clinical review, an extension to this time may be required, but therequestor will be informed if a delay is expected
Urgent requests	If your request is urgent, you must provide a reason for the urgency and the time-framewithin which you require the information and all efforts will be made to meet this time-frame
What is the cost?	There is no cost for providing copies of requested documentation

Receiving your requested information	You can choose to either: • Collect your documents in person – personal identification must be produced atrelease • Request documents be mailed to you by standard mail • Request for the documents to be sent securely electronically. This means you can receive a secure link to your documents for you to access and download fora limited time
Need help?	If you need assistance in completing this request form, or have any questions about anyof this information, please do not hesitate to contact Lisa Hess, Quality Manager Health and Wellbeing via email: Information.Request@abi-rehab.co.nz.