

## Request for Patient Information

<b>PATIENT DETAILS (Records to be accessed)</b>	
Surname/Family Name:	
Full Given Names:	
Also Known As:	
Date of Birth:	
NHI Number:	
Full Residential Address:	
Telephone Numbers:	
Email address	

<b>REQUESTOR'S DETAILS (If different from above)</b>	
Name:	
Residential Address:	
Telephone Number:	

<b>INFORMATION REQUESTED: Please select the categories of information requested</b>	
Date of injury/medical treatment :	
<input type="checkbox"/>	Emergency Department
<input type="checkbox"/>	Outpatient Clinic
<input type="checkbox"/>	Birth Notes: Mother's Name and Maiden Name..... Mother's date of birth: ...../...../.....
<input type="checkbox"/>	Admission and / or <input type="checkbox"/> Discharge Summary
<input type="checkbox"/>	Investigations (test results)
<input type="checkbox"/>	Other – please specify:
<input type="checkbox"/>	<b>Mental Health Services (Includes Child Adolescent)</b> <input type="checkbox"/> Clinical Notes <input type="checkbox"/> Investigations <input type="checkbox"/> Other

**This form and subsequent information are subject to the provisions of the Privacy Act 1993, Health Information Privacy Code 1994 and/or Official Information Act 1982. You will receive a response or acknowledgement within 20 working days.**

**Proof of Identity is required with ALL requests for patient information.  
Wairarapa DHB will accept one of the following as proof of ID –  
Drivers licence OR valid passport OR other form of ID eg Community Services Card.**

<b>(A) INDIVIDUAL PATIENT REQUEST FOR COPY OF OWN CLINICAL NOTES</b>	
Signature: _____	Date: _____
<b>Proof of ID is required – attach to this form</b>	

<b>(B) PARENT / GUARDIAN REQUEST FOR COPY OF CHILD(REN'S)* CLINICAL NOTES</b>	
Signature: _____	Date: _____
Relationship to Individual: _____	
<b>IMPORTANT:</b> I certify that there is no Court Protection Order restricting access to the information I am requesting.	
• <b>Under 16 years of age.</b>	
<b>Proof of ID is required – attach to this form</b>	

<b>(C) REPRESENTATIVE REQUEST FOR COPY OF PATIENT'S CLINICAL NOTES</b>	
Signature: _____	Date: _____
Relationship to Individual: _____	
Proof that you are the representative is required. <b>Proof of ID is required – attach to this form</b>	

<b>REQUESTOR'S CHECKLIST</b>	
<input type="checkbox"/>	<b>OPTION A</b> <b>If you are a patient requesting a copy of your own information, have you:</b> a. completed and signed the relevant section(s) on this form; and b. attached photo proof of ID (e.g. Driver's Licence)?
<input type="checkbox"/>	<b>OPTION B &amp; C</b> <b>If you are the Parent / Guardian / representative* requesting the patient's health information, have you:</b> a. completed and signed the relevant sections on this form; b. attached evidence of representative status and/or lawful authority; and c. attached photo proof of your own ID to this form?
<input type="checkbox"/>	<b>If you are requesting a deceased patient's health information have you:</b> a. completed a "Request of a Deceased Persons Information" Form b. obtained authorisation, if necessary, from the deceased person's "representative"; c. attached a copy of the completed/signed authorisation; and d. attached proof of your own and the representative's ID to this form?

\* Representative means:

- A parent or guardian of a child **under 16** years of age;
- The administrator or executor of the estate of a deceased person (see Option D above);
- Someone acting with lawful authority (such as a power of attorney) over a person's affairs;
- Someone who is acting on behalf and in the best interests of a person

**SUBMIT COMPLETED FORM TO:**  
**Health Records Department, Wairarapa Hospital, PO Box 96, Masterton OR**  
**Mental Health Services, Wairarapa Hospital, PO Box 96, Masterton**

<b>OFFICE USE ONLY</b>	ID Verified: Yes / No    Form of ID: Drivers Licence / Passport / Other ID (specify) _____
	Request is AUTHORISED Yes / No    Specify Reason if NO: (or see attached letter) _____
	Date Information released .../.../...
	Name & Signature of staff member processing request: _____

# APPENDIX I

 <p>Wairarapa DHB Wairarapa District Health Board Te Pōwhiri Hauāria o Wairarapa</p>	<h2>REQUEST FOR A DECEASED PERSON'S INFORMATION</h2> <p>This form <b>MUST</b> be completed by the deceased person's "representative"</p>
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In general, Wairarapa District Health Board cannot release information about a deceased person unless it is being released to, or has been authorised by, the deceased person's "representative".

The term "representative" means the Executor or Administrator of the estate of a deceased person.

The representative must complete all parts of this form (below), as well as the relevant parts of the general Request for Information form.

The representative must also provide the following:

- A copy of the front page of the deceased person's "Will" or "Letters of Administration" as proof that s/he is the deceased person's representative; and
- Photo proof of the representative's identity (e.g. Driver's Licence)\*.

\* This is not required where the representative is either acting in their professional capacity as a Barrister & Solicitor of the High Court of New Zealand or a Trustee Corporation.

A.	I am the Executor OR Administrator) (delete one) of	
	.....who died .....	.....
	Print deceased person's name	Print year or date of death
B.	I authorise Wairarapa District Health Board to release the information indicated on the "Request for Access to Health Information" form (attached) to	
	.....	
	Print name of person the information is to be released to	
C.	Signature:	.....
	Name:	.....
	Address:	.....
	Telephone:	Home: ..... Mobile: .....
D.	<input type="checkbox"/>	I <b>attach</b> a copy of the Will/Letters of Administration (delete one) as proof that I am the deceased person's representative.
	<input type="checkbox"/>	I <b>attach</b> a copy of photo ID as proof of my own identity.

The completed forms and all additional required attachments should be posted, emailed or faxed to Wairarapa District Health Board.

Please note that where there is no Executor or Administrator, requests for a deceased person's information can be made in writing to Wairarapa District Health Board's Privacy Officer under the Official Information Act 1982.

If you have any questions about this process, please contact Wairarapa District Health Board's Privacy Officer.

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