

RELEASE OF INFORMATION AUTHORISATION FORM



Mail or email this form to:

MSI Australia GPO Box 1635 Melbourne VIC 3001 Australia

Email: ISTP@msiaustralia.org.au

Application Details

This application is for both Client and Third-Party requests. Third Party requests are those acting on behalf of the client and must complete all sections.

Client Details

Surname:

Given Name:

Date of Birth:

Address:

Phone Number:

Email Address:

MRN (if known):

MSI Australia Health record
number

Applicant Details (if different from above)

Surname:

Given Name:

Address:

Phone Number:

Email Address:

Relationship to client:

Information Required from the Health Record

<input type="checkbox"/>	Copy of entire Health Record	<input type="checkbox"/>	Copy of Pathology (please specify) _____
<input type="checkbox"/>	A Letter confirming procedure dates	<input type="checkbox"/>	Copy of Ultrasound Photo
<input type="checkbox"/>	A Letter confirming contraception	<input type="checkbox"/>	Other (please specify) _____

Date(s) of Admission: (if known)

Name of Clinic:



For **Translation or Interpreter Services** to complete this form, please contact the Translating and Interpreting Service (TIS) on 13 14 50 and ask them to call MSI Australia

RELEASE OF INFORMATION AUTHORISATION FORM



Fees and Charges

Health Information Services will issue an invoice via email upon acknowledgement of your request with information on how to pay.

Fees **MUST BE PAID** prior to release of information.

Please **do not forward payment** until the fees are confirmed by the Health Information Team.

Application fee applies as per the *Privacy Act* 1988, unless waived, please refer to exemption criteria below. For more information on the charges for medical records, visit www.oaic.gov.au/privacy/your-privacy-rights/health-information/access-your-health-information.

Criteria for exemption:

- Under 18 years of age
- Aboriginal, Torres Strait Islander and/or South Seas Islander person (supported on registration form)
- Refugee/seeking asylum
- Low-Income Healthcare card holder (this is not a Medicare Card)
- Other pension

Application Fee

Entire Medical Record: \$39.70

Ultrasound photo: \$30

Letters of dates/IUD: No charge

Pathology results: No charge

Physical copy of medical record
(plus, application fee and postage fee advised on application)

\$0.30/page

Authority for Release of Information

Request for Information – Client

Client Signature _____ Date _____

- ☐ Copy of Photo Identification e.g. driver's license **or** passport
☐ Copy of Low-Income Healthcare **or** other documentation for fee exemption (if applicable)

Request for Information – Third Party

*The client must sign this authority, **or** you must provide evidence that you have the authority to access this information on behalf of the client.

I, _____ of _____
(Client Name) (Address)

hereby authorise MSI Australia to release information to _____
(Applicant Name) as requested above.

Client Signature _____ Date _____